WAR BLINDED VETERANS in a POSTWAR SETTING

VETERANS ADMINISTRATION
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WAR BLINDED VETERANS in a POSTWAR SETTING

A Social Work Followup of Rehabilitation Measures for Blinded Veterans with Service-Connected Disabilities Between December 7, 1941, and March 31, 1953

As Shown in a Study by the Social Work Service
and the
Physical Medicine and Rehabilitation Service
of the
Department of Medicine and Surgery
of the
Veterans Administration

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Foreword

Sufficient time has elapsed since the termination of hostilities in World War II to evaluate some of the ultimate results of war trauma. Among the casualties of war, none deserves more specialized consideration than the blinded veteran. With the experience of the British in this area, the responsible medical and coprofessional personnel of the Armed Forces and the Veterans Administration took early steps to rehabilitate blinded veterans.

The studied efforts in rehabilitation and resocialization of this group of handicapped veterans met with new problems and new solutions therefor. Systematic studies by physicians, social workers, vocational training officers, and other members of the team have been assembled in this report. The subtitle "A Social Work Followup of Rehabilitation Measures for Blinded Veterans With Service-Connected Disabilities Between December 7, 1941, and March 31, 1953," gives the terms of reference and limitation of this study. Undoubtedly, the report will prove of inestimable value to all workers in the interest of the blinded, whether veteran or nonveteran, and will prove a source reference in this area for years to come.

To my associates in the Department of Medicine and Surgery of the Veterans Administration and to the consultants who have given direction to this study, due appreciation is expressed and credit extended.

Wm. S. Middleton

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Chief Medical Director.

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(Special acknowledgment is made of the participation of personnel of the Reports and Statistics Service of the Department of Medicine and Surgery, many of whom worked to accomplish this study.)

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Foreword

The rebuilding of their lives by the war blinded of the United States is a process which has aroused a vital interest in many individuals. Those to whom this process has been a reality have felt a keen moral identification with the creative hopes of the blinded veterans and with their achievements. Such observers have beheld the blinded veterans as fellow human beings, similar to themselves in most ways, but also marked by the unique. One of the most important purposes this report could serve would be widespread enlivening of identification with these veterans who have contributed heavily to the well-being of society and carry in themselves deeply etched signs of this experience.

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Acknowledgments

One of the most valuable resources of the American war blinded has been the help of people with special experience who have responded fully and wisely to requests for advice from the United States Government. Such advisers have included a large number of individuals whom it is impossible to enumerate in detail, even with respect to this study.

The foundation for constructive rapport of this kind was established by opthalmologists in the Armed Forces. These doctors extended the role of physician into the rehabilitation area during long periods of hospitalization required by the complex medical problems of the war blinded, which often included extensive plastic surgery. As officers in the United States Army and Navy, Dr. F. H. Thorne, Dr. Derrick T. Vail, Dr. M. E. Randolph, Dr. Harold G. Scheie, Dr. A. D. Beam, Dr. James N. Greear, Dr. Norman Cutler, and Dr. Trygve Gunderson endowed the therapeutic environment under their control with a spirit particularly auspicious for creative planning and activity in the area of blind rehabilitation. Dr. R. E. Hoover of Baltimore; Miss Kathern F. Gruber of the American Foundation for the Blind, New York, N. Y.; and the Rev. Thomas J. Carroll of the Catholic Guild for the Blind, Boston, are representative of a group of people in work for the blind who responded to this environment with substantial initiative and effectiveness.

A natural reward to all concerned was the early demonstration by the war blinded of an inclination to plan judiciously for themselves. A special manifestation of this strength has been the Blinded Veterans Association, represented by Mr. Lloyd H. Greenwood and Mr. Irvin P. Schloss as executive directors.

The continuous, highly serious concern of all persons and groups named above makes it rather difficult to distinguish between service done in the setting of military hospitals and that done in connection with the Veterans Administration. All of the above-mentioned physicians have participated in both military and Veterans Administration programs, as have Miss Gruber and Father Carroll.

The consensus fashioned by these people as consultants to the Veterans Administration has had an unusual cohesiveness which has produced a valuable collective memory of personal experience concerning what has been tried, what has been accomplished, and what abandoned with regard to the war blinded of World War II and Korea. This has been in addition to many specific professional services performed with great skill by the persons in question, all of whom have been associated with the veterans in this study on a direct and personal basis. Not the least of these services

was a high quality of eye care in military hospitals which took advantage of every therapeutic opportunity, thus reducing to a minimum haunting doubts concerning chances of regaining sight which so often work against the reorganization of an individual as a blind person after loss of sight as an adult.

A valuable service was also rendered by Veterans Administration consultants who reviewed this manuscript on May 29 and 30, 1957, and advised that it be printed. These were Miss Tessie D. Berkman, Professor of Social Work, New York University; Father Carroll; Miss Gruber, and Doctor Hoover.

Read

EDITOR'S NOTE

With the widespread dissemination of statistical facts concerning human lives, even for official use of a governmental agency, the responsibility for judicious interpretation cannot fail to become a semipublic one, depending in part on the wisdom and temperance of the society of which the group studied is a part.

We can say what percentage of this particular study group was employed at the time each was interviewed, but we cannot say what effect it will have on the members of the study group when this information circulates. That effect will depend on the veterans themselves, their fellow citizens, and to some extent the historical and economic hazards of the day and time. Facts, however indisputable, must work their way among individual subjective opinions which have a force of their own. In this whole connection there is a necessity for careful adherence to the language of the Interview Outline Questionnaire, on which the study was based. (See p. 212.) Since this wording is the wording by which data were amassed, it seems highly desirable that commentaries, whether formal or informal, retain original terms and sense so far as possible, even at the expense of conciseness in drawing conclusions and inferences.

A brief summary of services for the war blind of the United States Veterans Administration may be found in appendix I, page 200.

W. B.

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Part One

INTRODUCTION: DESCRIPTION OF STUDY AND STUDY GROUP

I. SETTING OF STUDY

The Federal Government of the United States has a history of energetic and concentrated efforts in behalf of the war blinded, terminated or curtailed long before such efforts had an opportunity to become obsolete.

This survey should be looked upon as one of a series of measures which have been taken by the Government to deal with the problems arising in the lives of men who have lost their sight in war since 1941. It should be noted that each of these measures has been the result of concern generated in the minds of a number of people in a position to know the existence of the problems in question. These have included both informed people in work for the blind and Government officials having special responsibilities for the blinded veterans as disabled veterans. (Appendix II describes circumstances leading up to the study.)

Four major efforts in behalf of these men may be counted:

1. The action of the Army and Navy during World War II, which centered mainly around Avon Old Farms Convalescent Hospital, Valley Forge Army General Hospital, Dibble Army General Hospital, and the Philadelphia Naval Hospital.

2. The action taken during, toward the end, and after World War II by the Vocational Rehabilitation and Education Service of the Veterans Administration, which consisted of a delegation of responsibilities to training officers and vocational counselors in the regional offices of the Veterans Administration, these training officers and vocational counselors having first been prepared for these particular responsibilities by a special inservice training program given by the American Foundation for the Blind, for which representatives of all regional offices were gathered together in New York.

3. The establishment of the Blind Rehabilitation Unit in the VA Hospital, Hines, Ill., to serve the needs of veterans suffering postwar loss of sight from old eye injuries incurred in service and also servicemen losing their sight in such future military action as might occur.

4. The current survey, which has developed in four phases:

   a. In the first phase, during the 6-month period from October 1, 1952, to March 31, 1953 a review of the claims folder of each

individual was followed by a personal interview between each blinded veteran and a Veterans Administration regional office social worker. In these interviews the social worker, following an Interview Outline Questionnaire, obtained and summarized data in detail regarding the status of each veteran, finishing with recommendations in instances where the interviewer decided the veteran needed assistance. A copy of each Interview Outline Questionnaire was forwarded to central office of the Veterans Administration.

b. In the second phase, action to assist blinded veterans was taken by regional offices wherever such action had been recommended as a result of the interview.

c. In the third phase, a followup review was made of all individuals concerning whom action had been taken in the second phase, and a report concerning each was made to central office.

d. The fourth phase, which has been concomitant with the second and third phases, has consisted of an overall review and machine tabulation analysis of data in the central office of the Veterans Administration. This review and analysis is the basis of the summarizing report of survey, presented herewith.

II. PURPOSE OF SURVEY REPORT

Misunderstandings of the capacities and limitations of blind people continue to be one of the basic problems of rehabilitation of the blind despite a large amount of information prepared and released by various media of public education.

It is hoped that this survey report will reveal a clearer, more complete picture of the group of individuals studied than has been previously available to Veterans Administration personnel from whom the greater public gets informed opinions. Such personnel will consist of physicians, social workers, rehabilitation workers, and others coming into contact with blinded veterans, especially those social workers who originally secured the data from which the survey was derived.

It is very doubtful indeed if any American community is in any primary sense "unkind" to blinded veterans. Nevertheless, many communities exert adverse social pressures unconsciously in certain attitudes which sometimes anchor blind people to their limitations, at other times indicate a belief that blind people are endowed with almost magic powers. There are many reactions on the part of seeing individuals who are called upon to assist blind ones or give them opportunities. Extremely rigid ones manifest themselves at opposite extremes in the statements, "A blind person couldn't do that," and on the other hand, "Blind people can do anything."

The utterances of blinded veterans are sometimes deeply revealing of the tensions which arise from the realization of limitations, capabilities, potentialities in a state of flux, as, for instance: "From what I hear, all blind people are geniuses. Aren't there any blind people like myself who can't do *anything?*" "We'd rather do a little better than other people expect, rather than a little worse."

After a certain length of time (a year perhaps), most blinded veterans reach a point where they have resolved their inner conflict somewhat, and this reflects itself in utterances such as the following: "I guess I have to live with it. I carry on like always." "I am blind. All hell can't stand in my way if I really want to do something. It depends on me—what I do with my life."

In the stress that continues to arise, blinded veterans often give way, at least momentarily, to the strains of their lives in a way which reveals that there is something inherent in their situation which they can hardly bring themselves to comprehend; namely, what many of them call the attitudes of the seeing. These come out in such utterances as the following: "When I am at the table having somebody help me, I would rather have him tell me the wrong thing quietly, than the right thing loudly with a

great air of efficiency." "The only thing that bothers me is people—*seeing* people."

Over against this, and touching it, is the attitude of the human race in general when it has no immediate personal connection with severe disability—an attitude of protecting itself from the morbid habit of thinking of tragic conditions. It is generally considered good mental hygiene not to be preoccupied with disasters: Death, disease, emotional and physical disability. This was probably the attitude of the veteran himself before he lost his sight, but it is not reflected in many proverbial utterances of the human race, since it is something people do not seem to wish to speak of. A search of quotations on adversity will reveal a meager supply of sayings that match the old Indian proverb: "Dwell not with the unlucky lest you become like them." However, the curious dimension of isolation in question was pointed up by a newly blinded veteran, who said, "It is hard to make friends if you can't see."

A problem of human relations emerges, involving the question of what objectives may be sought in the way of cultural attitudes toward disability, what feelings we should cultivate and what thoughts we should develop toward an individual's lack of anything which is part of the regular human equipment. It is part of the duty of the expert on the blind to make a realistic appraisal of what is possible and what is foolhardy in the way of action for the blind, and then transmit this information both to the blind themselves and to the seeing who must help them. This is one of the many areas of life in which the informed specialist must stand between the general public and a group of individuals to interpret the unknown and forestall action which would be inappropriate.

The public often appears to be motivated toward blind people by an essentially protecting, shepherding, parental emotion, which is basically positive; and, on the other hand, by an emotion which is not at all positive, but competitive; namely, a feeling sighted people have of being threatened by the effectiveness of blind people. This appears to be on the basis which seems rooted in the thought, "If a blind person can do this thing which I can do, then maybe I am not quite as good as I thought I was." This thought is never expressed directly, but it shows itself many times indirectly in resistance on the part of seeing people to allowing opportunities to the blind for freedom of action, and by a sudden freezing of cooperation when a blind person shows signs of producing more or better work than a seeing person, with the help of some sighted assistance. More widespread insight into the conditions surrounding blind people might well make such reactions less frequent.

It is always well to keep in mind the fact that the inward being of the individual who has been blinded as an adult is often a battleground between the whole man and the man with very great limitations within one body, meeting in sharp conflict for the first time. It is with the resolution of this conflict that one phase of blind rehabilitation is concerned. A study of this resolution and how more favorable conditions may be created for it is the essential integrating purpose of this survey.

III. TERMS

A. BLIND AND BLINDNESS

Some explanation of the terms "blind" and "blindness" is necessary.

Blindness in current use is not an absolute term for total absence of eyesight, especially before the law. For example, Federal income tax law permits partially seeing people to be considered blind, according to the following definition:

> Central visual acuity of 20/200 or less in the better eye with corrective glasses, or central visual acuity of more than 20/200, if there is a field defect in which the peripheral field is contracted to such an extent that the widest diameter of the visual field subtends an angular distance no greater than 20 degrees in the better eye.

According to the logic of words there can be no partial blindness. The meaning toward which the term "partial blindness" is directed is the concept of partial sight. Likewise, degree of blindness is a misnomer, directed toward the concept of degree of sight. Yet, because there is an implied paradox in speaking of partial *sight* and degree of *sight* among the *blind,* the terms "partial blindness" and "degree of blindness" are often used colloquially.

In this survey, for the purpose of accuracy, the words "without useful sight" have been used to describe that group often described as totally blind and meaning those who have no useful light perception.[2]

The words "partially seeing" have been used to describe any veteran who gave evidence of using his sight for any of the following common daily activities: Walking about, eating, dressing, reading, recognizing people, reading street signs, or reading fine measurements. In general, this means useful light perception or better.[3]

As workers among the blind know, it is not uncommon for people within the definition of blindness, who experience very real handicaps from faulty eyesight, to be able to make use of their eyes in these ways and have varying amounts of visual efficiency. The partially seeing group in the study is formed of veterans with use of their eyes, however limited, reported by interviewers, based on the statement of the veteran. A spot check of diagnostic data concerning 100 veterans, reviewed by a consulting ophthalmologist, yielded a medical opinion that the veterans' estimates of their visual ability in answer to this question was 95 percent correct.

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[2] Limited to the group listed under box 8, question 46, of the Interview Outline Questionnaire, appendix III, page 214.

[3] Limited to the group listed under boxes 1–7, question 46, of the Interview Outline Questionnaire, appendix III, page 214.

B. HOSPITAL REHABILITATION

This term applies to participation in highly organized special programs of rehabilitation for patients in hospitals, such as the program at Philadelphia Naval Hospital during World War II, VA Hospital, Hines, Ill., since 1948, and the special Army programs to which references are made frequently in this text.

C. VOCATIONAL REHABILITATION AND EDUCATION

This term (spelled out or abbreviated to VR&E) as used throughout this study, applies to the special rehabilitation procedures for veterans (including the severely disabled) which have been carried out by the Veterans Administration. This program is well described in House Committee Print No. 109, 84th Congress, entitled "Record and Evaluation of the Vocational Rehabilitation Program for Service-Connected Disabled Veterans," July 8, 1955.

In this program the following classification of subsidiary terms will assist the reader:

"Rehabilitated"—Veteran completed vocational rehabilitation training as prescribed by the Veterans Administration.

"Training Discontinued"—Veteran terminated training prior to its completion.

"Training Interrupted"—Veteran temporarily stopped training with expectation of resuming.

IV. STUDY PROCEDURES

A. INTRODUCTION

Instructions which set this study in motion may be found in appendix III. A review of their contents will show that data were obtained by a process which, briefly described, was as follows:

A general listing of veterans with severe eye disabilities was first assembled at central office of the Veterans Administration. Then each of 70 VA regional offices was furnished a list of those veterans within its jurisdiction, notified that the study was to be made, and supplied instructions regarding procedure, including a patterned interview outline.

Interviews were performed by social workers in regional offices, who first reviewed each claims folder for full information concerning the veteran to be seen. Interviews were arranged by a letter as shown on page 210.

Six months were allowed for completion of interviews. As each interview was finished, a copy of the completed form was dispatched to central office of the Veterans Administration. At the same time the Social Work service in the regional office set in motion remedial measures indicated by recommendations, when recommendations were made, at the end of the interview outline form.

Completed interview forms, ultimately to number more than 2,000, were given a preliminary reading upon arrival at central office, either by a representative of the Social Work Service or of the Physical Medicine and Rehabilitation Service. This was an evaluation with regard to need for service and indications for methods of analysis. Subsequently each was also read by an ophthalmologist for medical implications, as described on page 17.

After these readings uniform data from each case were entered on punch cards for analysis by machine tabulation, and at this stage more elaborate evaluation and analysis began, of which this report treats in detail.

Two years after the initiation of the study, followup progress reports were made concerning all veterans originally reported by the interviewers as requiring further assistance. These reports were according to lines laid down by the Administrator's letter of May 20, 1954, in appendix XI, page 243. In narrative form, they were not patterned in detail and therefore did not lend themselves to machine tabulation analysis as did the original study. However, each was given a number of readings in central office and many were the occasion of special correspondence where unusual problems were involved.

B. COVERAGE

Veterans included.—The interview coverage included in the study group was 98 percent of the 1,988 known blinded veterans living outside VA hospitals or domiciliaries, with service-connected disabilities incurred between the beginning of World War II, December 7, 1941, and the date on which interviews were completed, which in all instances was prior to March 31, 1953. (For more complete statistical background, see appendix V, page 221.)

Veterans considered but not included.—Of the 2,059 men originally considered for inclusion in the study group, 110 were not included. Thirteen of these were reported deceased. Fifty-eight, as a result of the interview, were found to have eye conditions not within the definition of blindness. Thirty-nine others, though within the definition of blindness, had not been interviewed before March 31, 1953, for various reasons; or, if the interview had taken place, the interview outlines were incomplete. Subsequently, certain of these 39 interviews were accomplished, but not in time for inclusion in the major statistical analysis and machine counting.

Estimate of adventitious exclusion.—In addition to those exceptions listed above, there may also have been veterans with service-connected blindness who elected not to receive disability compensation, and were therefore not listed in the compensation files of the Veterans Administration. Another small group who may not have been interviewed were those with primary disabilities other than blindness which took precedence over their blindness in diagnostic coding with the result that they were not discovered even by the special efforts of regional office personnel, as directed in the interview outline, appendix III, page 204.

C. INTERVIEWERS

The interviews were conducted by 386 medical social workers, plus 6 other United States Government officials (physicians and American consuls) who interviewed veterans residing outside the United States. Of the social workers, 69.6 percent had their master's degrees in social work, 22.3 percent had 1 year or more of graduate training, and only 3.9 percent (15) had no graduate work. The 15 had had many years of experience in the field of social work. Of the entire group 30 were chief social workers at the time of the interview. They represented on the whole a group trained in the art of interviewing according to the disciplines of professional social work.[4]

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[4] Leo J. Alessandrini, Donald Alfano, Margaret Allen, James M. Anderson, Ivan Q. Andrus, Shirley B. Anthony, G. Ramirez Aponte, Mildred Attie, George J. Barbour, Margaret E. Barnard, Margaret M. Barrow, Dorothy H. Bartholomew, Robert O. Battig, Hazel S. Baxter, Richard Beatty, Edward R. Beaumont, Robert C. Benedict, Dorothy H. Benner, Robert C. Bennett, Robert A. Berg, William A. Bergeron, Russell E. Berkley, Valerie V. Bernadas, Amelie C. Bernard, Rose B. Berry, James N. Bethel, Cora M. F. Bish, John W. Bjork, Eleanor Blackley, David V. Blagg, Edna R. Bland, David Blumenkrantz, Ada Blumer, Mary M. Bolen, Joan G. Boose, William T. Bowen, C. L. Boyer, Laura A. Brenneman, Melvil N. Brenner, Dorothy L. Brinker, Marylouise Brock, Lucille Brooks, Christiana L. Broun, Beulah S. Brown, Sydney T. Brown, William N. Brown, Lola N. Broyles, Carolyn G. Bruce,

D. CATEGORIES OF DATA

Basically three types of information were amassed in the material gathered in the study. These types were the following:

1. Events and conditions antecedent and attendant to blindness.
2. Events and conditions related to blindness and treatment or training for blindness.
3. Outcomes.

Following is a classification of data recorded on punch cards and assembled in the above-mentioned categories with numbers corresponding to the Interview Outline Questionnaire.

E. EVENTS AND CONDITIONS ANTECEDENT AND ATTENDANT TO BLINDNESS

Geographical location (1)
Age at time of interview (5)
Age at time of interview (5) and date of interview
Marriage (9)
Dependent children (11)
Branch of service (14)
Education before blindness (33)
Occupational classification before blindness (34)

(The source of all the above material was the veterans' records before the interview.)

Thomas J. Burke, John M. Burns, Raymond I. Byargeon, J. Cappiello, Joseph Carastro, Jr., Alice Carter, F. Don Casper, Selma S. Chadwick, Bertie Chandler, Michael R. Giacomini, Willie S. Clifton, Freda Clinton, Christopher Collins, Gene Combs, Helen M. Condry, Charlotte G. Coppage, Hilda Cordish, Marie Couderc, Clara M. Cowden, Carolyn E. Craddock, Harold W. Craine, Robert D. Crandall, Gwen Crouch, Mary Cunningham, Alice F. Dailey, Mary Ann Daily, Murry I. Daninhirsch, Zella K. Darrow, Miriam C. Daugherty, Elwood B. Davis, Madge D. Davis, Mary C. R. Davis, James W. Dawes, Helen E. Dawkins, Stella M. Delavan, Phillip G. Denbo, Sara B. Derrick, Helen A. Dixon, Theresa M. Docking, Walter S. Dodson, Myra C. Doe, Elma L. Duncan, Lawrence V. Edmond, Elizabeth Edwards, E. M. Eisenhardt, Ida Elkin, Florine J. Ellis, Sarah A. Ely, Catherine W. Erwin, Eunice B. Evans, Robert C. Ewing, Irene Faigman, Jack H. Farber, Josephine C. Feeney, Harold W. Feldman, Rose E. Ferdman, John T. Ferguson, Julia T. Finnell, Mary F. Fischer, Elizabeth E. Fisher, Elsie Fitzgerald, H. Elizabeth Fleck, Charles W. Fleming, Elvira U. Flores, Ethel Alma Follin, Helen Lee Foster, Margery A. Fowler, Oral L. Fox, Rhoda Frank, Donald E. Frees, Betty French, Kurt Freudenthal, Beatrice Friedman, Rachel Ganapol, Hazel Garvey, Juliette L. Gay, Barbara A. Gehrki, Robert H. Gendreau, P. A. Geruso, Jr., Barbara Hunt Giffin, Thomas B. Gilbert, Jr., Jacob Ginsburg, Elizabeth J. Glossop, Gladys W. Goettling, Ernest Goglia, Ruth L. Gohn, Lena S. Goldman, Albert Goldstein, Marvin J. Goodrich, James D. Graham, Margaret A. Graham, Norma M. Grayson, Sylvia B. Green, Sylvia Greer, George C. Griffin, Edith P. Guffy, O'Ryan Gull, Lora Hadley, Catherine M. Haggerty, Paul C. Hamilton, Mary M. Hankins, Elizabeth Hanlon, Charles O. Hardridge, Bonnie V. Harmon, Elsae Jane Harrison, Nora Y. Hawes, William R. Hayes, Edna A. Haynes, Katherine Heerey, Paul M. Heidebrecht, Hugh R. Hill, Theodore A. Honour, Marguerite Hook, Mary S. Hopps, Claire F. Horton, Bess Housholder, Dorothy L. Howell, Harriet A. Howser, Richard L. Humphrey, Geraldine Hurley, Grant K. Hyer, Rose Jacobs, Mary L. James, Ann T. Johnson, Glenn H. Johnson, Mae C. Johnson, Osee Johnson, William O. Johnson, Philip R. Johnston, E. Dale Jones, Elinor Jones, Anna H. Jordan, J. A. Judge,

F. EVENTS AND CONDITIONS RELATED TO BLINDNESS AND TREATMENT OR TRAINING FOR BLINDNESS

Cause of blindness (27)
Amount of sight (46)
Age at which visually disabled (5 and 30)
Years disabled (30)
Hospital rehabilitation treatment (31)
Application for Veterans Administration Vocational and Rehabilitation Training (35)

Mayone Kavanaugh, Donald D. Kazama, William Keller, Mary F. Kelly, Mary Helen Kelly, Sarah W. Kelsay, Mary Kendrew, Alice V. Kennedy, Alvin V. Kennedy, Esther E. Kennedy, Merle B. Kirchgraber, Frances C. Kirk, Phil Klaus, Margaret Klosterman, David Klugman, John E. Koechley, F. W. Koehler, Kathleen A. Kramer, Donald M. Kraus, Katherine Kremer, Dorothy E. Kuhnert, W. C. Latteier, Milton E. Lederman, Ola Bella Lee, Nancy Lein, Florence Lipton, Grace M. Littlejohn, Ruth J. Lloyd, Eleanor R. Long, Lolabel Lord, Meyer B. Louick, Joe G. Lutgen, Laurentia Lyden, Mario G. Macaruso, Mary Jane Macfie, J. Hayward Madden, Arthur A. Maes, Norman H. Maigaard, F. J. Mann, Maxine Maree, C. J. Martin, Marion C. Martin, Edward P. Masterson, Elsa T. McBride, Betty M. McCann, Jack L. McCann, Gene D. McDaniel, John F. McDonald, Jr., Elizabeth McGlynn, Alice D. McKinley, Robert V. McPadden, James R. McSorley, Jr., Erick G. Melgard, Paul M. Mengel, Beatrice G. Merritt, Grace G. Millen, Genevieve Mills, Nell E. Mills, Richard Mitchell, Howard B. Monahan, Mary Claire Mooney, Gussie C. Morgan, Lillian D. Morgan, Helen M. Morin, Kathleen R. Morrow, Mary V. Mullin, Grady Murdock, Jane Murray, Vivian Muse, Helen B. Mysels, Edmund J. Nagle, Hector R. Negron, W. R. Newman, Helen C. Newport, Ora P. Nix, Margaret M. O'Keefe, Jeanne Olander, Jeanne M. O'Malley, Patrick O'Reiley, Walter J. Ostrowski, John J. O'Toole, Ann C. Pardue, Donna J. Pautz, Jamie J. Payne, Boyd D. Peak, Evelyn Peavy, Marie E. Pederson, Ruth Perrine, Bernice Phelps, Edmond Phillips, Elwyn Phillips, Joan C. Piasecki, Louis E. Pinchak, Ellen Pitts, Elizabeth Pope, Agnes Power, Isabella Prather, Henry A. Pucek, Josephine Puckett, John B. Putnam, Adele Rabino, Martha Randall, Edward J. Regan, Helen W. Reid, John R. Reida, Helen C. Reiker, Mary H. Reynolds, Eloise Roadcap, Flogene Robertson, Beatrice S. Rogers, Ione Rogers, Robert B. Ross, Joseph R. Rowan, Anna M. Russell, John M. Russell, Charlotte J. Sabat, Edna K. Sakamoto, Roy H. Sampsel, Margaret M. Sanborn, Bernard Sattinger, Edward O. Scanlon, Clifford L. Schallmo, Nell P. Schell, Mildred C. Schneider, Regene C. Schroeder, William B. Sculthorpe, Clara E. Seale, Susan Searle, Eldon A. Seebart, Henry D. Selin, Tilda C. Sepich, Freda B. Shaffer, G. Penn Sharp, Hazel R. Shaw, Virgil V. Shoop, Ruth E. Simering, Anne J. Simpson, Mary G. Sipes, Jerome G. Siskind, Rex B. Skinner, Georgia C. Smith, Jack S. Smith, Lawrence I. Smith, Rachel W. Somers, Rosalie Spivey, Gloria J. Stalnaker, D. Elaine Starbuck, Velma Stephens, Florence I. Stevens, John M. Stevens, Mayme R. Stewart, Warren E. Stimpert, Spencer L. Stockwell, Nola C. Stoughton, Francis P. Straub, Juanita M. Suarez, Alice M. Summers, Dorothy V. Swisshelm, Josephine Taggart, Eleanor K. Tarpy, Ouida Tate, Alice Lee Taylor, Evelyn Taylor, Jane Taylor, Doran Teague, John Miller Terry, S. P. Theimann, Jr., Bernice Thomas, Irma Thompson, Alva Thornton, Mary Agnes Tola, Nola Tompkins, Ruth Torgeson, Jean E. Treat, Thomas J. Tucker, Inez M. Tyler, Ruth Unland, Beatrice S. Viles, Jane von Hagen, Lester Wagner, Lenore K. Waldstreicher, Ellen M. Walker, John Wall, Jr., Rita Walsh, Doris E. Ward, Oliver E. Warrick, Bernard Weinberg, Jimmie Wells, Richard E. Wheeler, Ina M. White, Jean M. White, Beth Tobias Williams, Burton A. Williams, Hope B. Williams, Dorothy R. Winn, John O. Winton, Benjamin Wiznia, John G. Womack, Mildred Woods, Audrey Wrenn, Helen H. Wright, Andrew Yurkanin, Vehanoush Zakarian, Frederick Zverin. *Also, physicians and consuls:* Marvin L. Burkholder, W. Bryant Collins, Jr., W. L. Crutchett, M. D., Henry E. Culpepper, Lionel S. Mordecai, Generoso R. Sarino, M. D.

Advisement from Veterans Administration Vocational Rehabilitation and Education counselor (36)
Entrance into training under Veterans Administration Vocational Rehabilitation and Education program (38)
Type of training under Veterans Administration Vocational Rehabilitation and Education program (38)
Length of training (in months) under Veterans Administration Vocational Rehabilitation and Education program (38)
Veterans Administration Vocational Rehabilitation and Education training status (39)
Length of time in doubt about chances of seeing (45)
How employment was obtained (67)

(The source of the above information was very largely the veterans' records, the exception being questions 46 and 67, which were derived from interviews.)

G. OUTCOMES

Contact with physician regarding eye condition of veterans with residual sight (48)
Use of guide dog (54)
Satisfaction with guide dog (55)
Veterans stating they could read braille (56)
Canes and type used (58)
Possession of plastic eyes (59)
Employment (65)
Employer-employee relationship (66)
Length of Workweek (69)
Use of sighted help on job (71)
Job satisfaction (72)
Refusal of job offers (73)
Living arrangements (76)
Association with other blind people (78)
Difficulty arranging for interview (85)
Feeling of having received too much help from Veterans Administration (86)
Estimate of advantage derived from hospital rehabilitation (114)
Social worker's estimate of positive attitude toward life (115)
Interview Summary Evaluation (72, 75, 86–107, and 115)
Able to cope with community attitudes toward blindness (88)
Recommendations (117)
Type of recommendation (117)
Central Office evaluation (all questions)

(The source of the above information in category C was very largely the interview, exceptions being observations of the social worker after the interview.)

H. QUESTIONS ELIMINATED

Preliminary tabulation of certain questions revealed that they had been susceptible of misinterpretation and had consequently elicited only a

fragment of the desired information. These were questions 40, 41, 42, and 44. Question 60, though correctly answered, served a purely administrative purpose and cross tabulation would have been meaningless.

I. EVALUATION PROCEDURES

Evaluation by interviewer.—Certain evaluations were made during or after the interview by the social worker or the veteran. An example of an evaluation made by the veteran is job satisfaction (question 72); an example of an evaluation by a social worker is ability to cope with community attitudes toward blindness (88).

Central office evaluation.—The central office evaluation resulted from the impression created by the first central office reading of each interview outline, at which time emergencies were flagged. At the same time those reports which were outstanding in showing no need for any additional or different special help were screened, and two gradations between the two extremes were made, four classes emerging from this process which was completed as rapidly as possible. This classification was made either by a representative of the Social Work Service or of the Blind Rehabilitation Section of Physical Medicine and Rehabilitation Service. It was less systematic than the more elaborate interview summary evaluation, hereafter described. It also contained a fundamental eccentricity since veterans recently discharged from the program at VA Hospital, Hines, who were unemployed, were classified on an emergency basis routinely.

The central office evaluation consists primarily of an estimate of the extensiveness and intensity of need for more help from the Veterans Administration as shown in the survey. The four-way classification was made on the basis of the following descriptive terms:

1. Clearly no need for additional Veterans Administration help at time of interview.
2. Probably some need.
3. Probably considerable need.
4. Clearly urgent need.

Ophthalmological evaluation.—Data were reviewed by an ophthalmologist, as described on page 17.

Interview summary evaluation.—Certain observations recorded by the interviewer were treated as a unit on a scoring basis, termed the "Interview Summary Evaluation."

The concept of the ideal state of adjustment to blindness is at best very loosely defined in our society. No simple set of generally accepted, reliably recognizable criteria are available for determining degrees of attainment of this vaguely defined ideal. There are however, among those concerned and experienced with the blind, a number of experientially tested indicators of both favorable and unfavorable states of adaptation to the loss of sight. Their validity as indicators of a satisfactory or unsatisfactory state of adaptation to blindness rests entirely on the experience of those who have found them practical in working with the blind. Twenty-five such indicators were incorporated in or were available from the interview outline. The interview summary evaluation is the percentage

of those 25 indicators checked in the direction of satisfactory adaptation by the social worker as each blinded veteran was observed. Reliability of each item, for which no formal test could be made, can only be inferred from the directness with which some of the indicators could be observed and from the level of reliability previously demonstrated by social workers in judging less accessible states of attitude, outlook, or emotion. (See appendix X, p. 240.) In the study rationale, the interview summary evaluation is thought of as an average of 25 judgments on each veteran, the 25 criteria judged being experimentally derived indicators assembled from those with extensive experience with blind people.

The indicators were derived as described on page 240. They are as follows:

Satisfaction with employment or, if unemployed, satisfactory use of time.
Arranging for the interview with the Veterans Administration representative without strain.
Indications veteran felt Veterans Administration over-attentive.
Equanimity with regard to family's attitude toward blindness.
Ability to cope with community attitudes toward blindness.
Good opinion of the community in which veteran lived.
Rapport between veteran and family adequate.
Appropriate care of personal appearance.
Psychological slump indicated by posture.
Absence of so-called blindisms, such as grimacing, vacant stare, failure to look at those addressed.
With due allowance for disfigurement due to accident, composed facial expression without signs of anxiety or strain.
Well-ordered thinking processes.
Ability to express self by use of language.
Satisfaction with information giving by others.
Satisfaction with share of attention from others.
Realistic judgment concerning self and situation.
Mind well stored at intellectual level.
Realistic plans for future.
No signs of nervousness or depression
No signs of tendency to morbidness or self-absorption.
No indication of masking real feelings.
No signs of being polite and tractable to the point of passive acceptance of what others want.
Not overobservant of the faults of others.
Anxious to give a good account of himself.
Positive attitude toward life despite blindness as one of its conditions.

J. FORMULATION OF ANALYSIS

Development of Methodology.—Machine tabulation of data acquired from completed interview outlines was the basis of analysis, resulting in fundamental information found in general description of study group, page 25. In addition, a large number of items were cross tabulated by matching operations. The most complex cross tabulation is the cross

tabulation used in determining type of change in occupational classification since blindness, if such a change had occurred. For key to this tabulation, including upward, downward, horizontal, and no change, see page 222. The choice of meaningful analysis centers for these matching operations was accomplished as a joint responsibility of the consultant in biostatistics and central office representatives of Social Work Service and Physical Medicine and Rehabilitation Service.

A proper understanding of methodology used can be derived only from the statement by the consultant in biostatistics entitled "Methodology," page 20.

Factors determining organization.—Analysis centers selected for review are set forth in three degrees of complexity, the first of which is interwoven with the general description of study group, page 25.

1. Simple comparative analysis in detail.
2. Diversified analysis in detail.
3. Special focal points.

Proceeding from methodology to the general description of study group, it should be possible for the reader to follow the meaning of the text into its more complex segments without too much difficulty, though a return to the table of contents may sometimes be necessary.

Importance of time sequence.—In considering these matters it is of first importance to keep in mind the probable sequence of events while avoiding the fallacy that what was before a particular fact necessarily occasioned it.

Many items of information derived from the interview outline had a fixed time sequence in the lives of the veterans. For instance, education before blindness preceded cause of blindness, amount of residual sight, if any, etc. On the other hand the chronology of certain items varied from veteran to veteran. Certain others were continued over an indefinite period of time concurrent with other items such as contact with physicians regarding eye condition. Others, mainly evaluative in nature, were simultaneous with the interview and subsequent to it. In general, the chronology of events follows the order shown on page 10. Some of the items known most often to vary in individual cases are the following:

Marriage (9).
Dependent children (11).
Length of doubt about chances of seeing (45).
Entrance into training under Veterans Administration Vocational Rehabilitation and Education program (38).
Employment (65).

Questions depending upon and surrounding items concerned with treatment or training may also vary chronologically, such as guide dogs (54), which might come before or after college, marriage, etc.

K. UNIFYING QUESTIONS

Fundamentally the study is a search for two basic subgroups. One may be envisaged as those individuals who have their minds made up,

know where they are going, what they want to do and how to do it. The others are troubled by ill-matching preoccupations which are difficult to sort and use either for personal benefit or the good of others. It is a major concern how each group functions, and if the latter may be helped toward resolution of their conflicts, especially by the exchange of techniques of self-management.

All factors compared, whether they cover attributes of individuals, social influences, or human events, bring into consideration one fundamental question: Does what seems to be a cause actually carry beneath it a more deep-rooted cause?

This entire analysis is a search for distinctions between facts of nature and strong clues that human intervention has produced an effect.

L. DATA NOT SUITABLE FOR MACHINE TABULATION

A large amount of descriptive material was amassed and recorded by the social workers accomplishing interviews. This material was especially copious in answer to the following questions:

Question 53. What are the veteran's physical complaints?

Question 70. Summarize briefly what the veteran does in his job, and whether any special arrangements are necessary for him to do it.

Question 108. Was there any subject the veteran kept coming back to, showing a particular desire to press his point of view with the social worker?

Question 109 Was there any subject which the veteran seemed particularly anxious to avoid?

Question 110 Give any verbatim samples of utterances and reactions which seem to reveal the general trend of the veteran's attitude toward blindness.

Question 111. Did the veteran make any sudden outbreak which might indicate a large amount of pent-up frustration, and what led to this?

Question 112. Did the veteran express an opinion that his rehabilitation was strongly influenced by an individual? (State type or relationship, and give significant details.)

Question 113. Has there, at any time, been any unusual experience (either helpful or harmful) in the veteran's struggle with his problems which he thinks is so valuable that he would like to share it?

In connection with all of the material developed from these questions, it is important to keep in mind that the social workers were given careful instructions that the purpose of the interview was toward bringing about the optimum rehabilitation of each blinded veteran, and care should be taken that the actual interview should not, in any way, jeopardize this for the sake of amassing research data. Certain questions were marked with asterisks indicating that, in the opinion of those who designed the

interview outline, they were questions which required special sensivity on the part of the interviewer. See instructions, page 206.

It is obvious that many objections may be raised to the importance of some of this material, from the standpoint of pure social science, though it represents a tantalizing residue of at least 1,949 conversations, involving the same number of veterans interviewed by more than 386 social workers.

However, factors requiring evaluation techniques beyond the province of this study were involved, and objections to classifying these data prevailed. Nevertheless, two attempts to classify them indicate certain lines along which more specific investigation might proceed. See page 29 for brief description of inferences obtained from one exploratory sampling.

M. LIMITATIONS OF STUDY PROCEDURE

Direct approach to sources.—The information contained in this study derives both strength and weakness from the circumstances that it is based to a large extent, though not exclusively, on facts and opinions secured directly from the blinded veterans whom it concerns. No complex checking process was instituted to determine whether the statements veterans made concerning their feelings and emotions were exact. The authority for many facts is the fundamental character of the group of 1,949 individuals studied and the response they made to the learning and professional experience which 386 social workers brought to bear on the situation. In view of this, efforts at analysis, compilation, and editing have endeavored to keep the specific processes of social work interviewing clear of entanglements beyond their province, rationale, and integrity.

Limitation of content.—While this study may have gathered a greater quantity of specific facts than has even been assembled in one place before concerning a group of blind people, at best it is an imperfect reflection of human life. One element which blurs the picture is inherent in the essential focus of the survey, namely on the troubles and problems of the veterans since blindness. No attempt has been made to gather data regarding the military action in which veterans engaged up to the time when they were hurt. Very brief notes were made concerning the veterans' performance in civilian life prior to service. If this survey were to be done over, greater stress might well be laid on these earlier phases in the lives of those with whom it is concerned.

Internal comparisons.—Many of the statistics lack meaning or impact because comparisons have been internal, relating to the survey group. If statistics were available whereby a sighted or blind control group could be utilized as a point of reference, many factors might emerge with added significance. An illustration of such figures might be those relating to employment of the nonveteran blind population or indeed the population at large.

V. OPHTHALMOLOGICAL REVIEW OF CASES

Richard E. Hoover, M. D.

Ophthalmic care of the veterans in this study was widely dispersed after the war, and it was not originally intended that an overall review of cases from this standpoint be a part of this study. For this reason detailed ophthalmic reports were not requested in the original interview outline. However, question 48 of the outline revealed that 605 veterans with some residual vision were not in touch with a physician concerning eye care. For this reason it was determined that a general review be made at central office of such medical data as the interview outlines contained, with particular attention to those veterans with residual sight who were reported as not in touch with a physician.

From the standpoint of possible preventive or restorative ophthalmological care I reviewed 2,008 cases. From 605 veterans not in touch with a physician who were reported as having some residual sight, 123 were designated as warranting further inquiry from the standpoint of ophthalmology. Opinions concerning these cases were at this stage reviewed by Dr. Harold G. Scheie, Chief Consultant in Ophthalmology to central office in the Veterans Administration, who gave approval to the initiation of correspondence with field stations concerning veterans selected for review. The result of the correspondence as of December 1957 is as follows:

	Number of Veterans
Improved by surgery	5
Improvement since last examination and/or special refraction	15
Determined not to be within definition of blindness	9
Followup over a long period of time	9
Treatment deferred for cause	15
1. Psychiatric and blind (6)	
2. Resistant to surgery (6)	
3. Further medical care refused (3)	
No further followup	70
1. Regional office consultant reported no preventive or restorative care indicated (38)	
2. No light perception or faulty light projection (15)	
3. Psychiatric complications (7)	
4. Miscellaneous (10)	

Of the patients who received improved vision by surgery, two presented themselves to private hospitals where surgery was performed successfully. Restoration to 20/20 vision in one remaining eye is also reported for one

veteran by a VA consultant who had treated him in military service. This was apart from the followup process described above.

From information contained in the interview outlines a general pattern of diagnostic pathology emerged as shown in table 1, below.

The ultimate worth of this survey can hardly be developed fully without a sequence of repetitions in units of 5, 10, or 15 years, thus constituting a longitudinal study of an important segment of the blind and partially seeing population.

Table 1.—*Ophthalmology (Diagnostic Pathology[1])*

Site and Type of Affection	Total	Injury by accident	Injury in combat	Disease
Total	1,949	270	797	882
Eyeball in general involved	889	143	679	67
Ophthalmosteresis[2] bilateral	184	16	163	5
Ophthalmosteresis, one eye, residuals of trauma, other	522	86	406	30
Glaucoma	35	3	0	32
Phthisis bulbi	36	4	32	0
Residuals of trauma	112	34	78	0
Cornea	57	18	12	27
Keratitis	14	1	3	10
Corneal opacities	43	17	9	17
Crystalline lens	69	7	22	40
Cataract	59	7	13	39
Aphakia	10	0	9	1
Uveal tract	195	18	19	158
Iritis	2	0	0	2
Iridocyclitis	10	2	1	7
Uveitis	16	0	0	16
Choroiditis	40	4	4	32
Chorioretinitis	127	12	14	101
Retina	161	11	13	137
Retinitis	58	0	4	54
Retinal detachment	22	8	6	8
Retinitis pigmentosa	36	0	0	36
Macular degeneration	37	3	3	31
Retinal degeneration	8	0	0	8
Optic nerve, optic pathway, and cortical visual centers	441	55	31	355
Optic neuritis, including retrobulbar	65	1	0	64
Optic atrophy	376	54	31	291
Vitreous	4	0	4	0
Vitreous hemorrhage	2	0	2	0
Vitreous opacities	2	0	2	0
Site not specified	32	6	0	26
Amblyopia	32	6	0	26
Insufficiently reported	101	12	17	72

[1] The etiological picture, concerning which less information is available, is nevertheless clear in general outline with regard to 1,067 cases of traumatic blindness. Among those blinded by disease the optic nerve, optic pathway, and cortical visual centers accounted for 291 and the retina and uveal tract accounted for 295. The specific etiologies most frequently reported were the following: Malnutrition, 79 cases; multiple sclerosis, 35; neoplasms, 27; tuberculosis, 10; diabetes, 6; vascular disease, 6; malaria, 2; trachoma, 1.

[2] Absence of eyeball.

p. 19 continue

Table 1.—*Ophthalmology (Diagnostic Pathology[1])*—Continued

For the rest, simply the same as the first columns is header!

Degree of vision	Total	Injury by accident	Injury in combat	Disease
Total	1,949	270	797	882
No light perception	399	44	320	35
One eye, no light perception, other, light perception	192	36	127	29
Both eyes, light perception	140	21	30	89
One eye, no light perception, other, acuity 20/200 or less	168	31	105	32
One eye, light perception, other, acuity 20/200 or less	100	25	20	55
Both eyes, acuity 20/200 or less	396	33	40	323
Acuity not given in standard measurement	244	32	57	155
Not reported	310	48	98	164

Guard [illegible] : 1,949 [illegible]

VI. METHODOLOGICAL NOTE

William E. Gordon, Ph. D.

In this study, the collection of over 100 items of information on nearly 2,000 veterans provided the raw data with which to answer more general questions or to discover relationships among the many variables describing the situation of the blinded veteran. What proportion of the veterans have no useful sight? To what extent was their blindness the result of disease, and to what extent due to injury? Is degree of sight, or is cause of blindness, related to the veteran's acceptance of his situation, to his feeling of ability to cope with community attitudes, to his associations with other blinded veterans, to his working status, family status, etc.? Does age at which blindness occurred affect the outcome for the veteran? Do those with more education before blindness make a different adjustment from those with less? To what extent are occupational careers abandoned or carried through, and what are some of the factors involved in the differing responses of veterans to their disabilities? These are but a few of the many questions which may be put to the data amassed in the study of blinded veterans.

In seeking answers to such important questions as are suggested above, it is essential to keep in mind that few studies, even of this size and scope, can hope to be definitive about very many questions. There are, first of all, the limitations in both reliability and validity of data about people, their circumstances and feelings—the first caution sign to which a student of human behavior and circumstances is wise to be alert. Some of the general study questions as well as the more specific interview questions were capable of different interpretations and a number of the interview questions required a considerable amount of judgment on the part of the interviewer and interviewee in answering them. See interview outline, appendix III, page 208. The reliability of the original data rests upon the specificness of the scheduled items and the use of specially-trained and skilled social workers for all interviewing. The standardization of judgment arising from the similarity in training and experience has been demonstrated in other studies of social work, with encouraging results.[5] In the same way, the validity of the data must rest largely on the factual nature of the questions. It must also rest with the social work interviewer's training and successful experience in distinguishing between what is real and what is a patient's or interviewee's personalized picture of that reality.

In addition to the limiting effect of the reliability and validity of the original data in arriving at definitive answers to such questions as those

[5] J. McV. Hunt and Leonard S. Kogan: *Measuring Results in Social Case Work: A Manual on Judging Movement.* New York: Family Service Association of America. 1950.

posed above, there is also the obscuring or revealing capacity of the analytic methods used to treat the data and the intrusive effect of the analyzer's own judgment and reasoning which must be used in selecting and using both the descriptive and analytic tools for the task.

Traditional scientific safeguards to validity in this process are the minimizing of speculative assumptions in the logical chain from data to conclusion and the clear explication of such necessary assumptions and their use for all to see. While this both limits the sweep of generalization and reduces the number suggested by undisciplined impression, it is a small price to pay in avoiding either the perpetuation or initiation of misconception where the welfare of a particularly disadvantaged group of veterans is so much at stake.

Finally, truly definitive answers to questions of the kind set forth above probably do not exist for groups of individuals as a whole because of the inherent variability of people and their often substantial differences one from another. To describe the average or the typical blinded veteran, for example, is not to describe the even larger number who are different from the average or typical, whether with regard to age, years disabled, amount of schooling, adjustment to blindness, etc. Similarly, these multidimensional individual differences make it extremely unlikely that any simple causal connections will be discovered to hold uniformly or widely over the group. Partial sight, for example, may be associated with having a job as shown by a significantly larger proportion working than among those with no useful sight. Nevertheless, very significant numbers of those with no useful sight will be found to be working and a substantial number of those with partial sight will be without a job. A valid conclusion is that presence or absence of partial sight is a factor in the working status for some veterans, but may be compensated for or overbalanced by other conditions, and the best such a study can do is to give some estimate of its strength as a factor, and of the other factors which strengthen or modify its effect.

In dealing with a named category of individuals such as blinded veterans, with all the connotative emotional loading of the term "blinded," there is a natural and strong urge to find definitive answers to questions, to establish invariable relationships, and to create simple stereotypic descriptions. However, a study which fails to yield such a picture or to establish invariable absolutes is probably reflecting the characteristics, conditions, and behavior of the group examined with better correspondence to reality than one which yields to premature oversimplifications.

To guard as far as possible against the pitfalls of overconclusion and easy generalization, some attention must be given to the methods of analyzing the data. The reader who is impatient to reach conclusive findings may discover that it is necessary to return to the following explication of these methods fully to appreciate the findings.

Entrusting the data to a single scheme of analysis, such as comparison of a few major groupings of blinded veterans, would have greatly speeded up completion of the study and, perhaps, facilitated a temptingly oversimplified grasp of the results. It would, however, have provided no

control on the analyzer's assumptive rationale which must underlie every method, and which always has the potential of overshadowing or submerging the data fed into it. If this study is to be characterized by a single guiding principle, it is that the facts be facilitated to speak for themselves with the minimum possible distortion through substantive or methodological assumption.

Scheme of Analysis. The study of blinded veterans and its analysis was not designed to test any major hypotheses or to pursue the significance of one or two major characteristics of these veterans. The original data of over 100 items of information on each of all blinded veterans cast a wide net and brought in a wealth of data with which to answer many descriptive questions about the veteran and his circumstances. The master plan of analysis was first and simply to look at these data in various combinations, with a minimum of preconceptions, to learn what they showed—a respected and fruitful technique easily neglected in the zeal to confirm hypotheses or to get on with the application of more elaborate methods. Every effort was made to keep as close as possible to the data to avoid the often obscuring, impossible-to-interpret results of a topheavy methodological analysis.

Since the number of different cross-tabulations possible among 100 items of information is enormous (over 5,000), the actual cross-tabulations had to be limited to those which were most directly pertinent to a description of the blinded veteran and his situation. Nevertheless, some 300 tables were produced for examination. The intellectual ingestion and integration of the facts from this number of tabulations, and their proper portrayal for others to grasp, presented no small problem. A little information frequently permits easier, if less, valid generalization and simplification than does a mass of data containing the potential for cross-checking and validating of first impressions and explanations.

In general, analysis and presentation of the findings proceed in two steps. The first is the simple description of the blinded veterans in terms of the major variables such as age, amount of sight, cause of blindness, etc., and in terms of 2 or 3 variables whose association is a matter of particular interest, such as amount of sight and employment status, age at which visually disabled, and adjustment, etc. These descriptive items present the actual picture of the blinded veteran at the time of the interview and the association or lack of association between some major variables taken a few at a time. These are the foundation facts which a study should rest upon and be responsible to, as it moves into its more inferential and abstract conclusions.

The second step in analysis and presentation is also centered on certain variables of major interest, such as amount of sight, rehabilitation and work status, education, length of period in doubt about being blind, etc. The key variables are referred to as analysis centers and all differences and similarities associated with them are explored together. This analysis, in effect, answers questions concerning the extent to which a variable, such as amount of sight or length of time in doubt about seeing, is a

major factor in the outcome of blindness and in which sectors of the blinded veteran's life situation it is reflected.

Statistical Treatment. The use of a few elemental statistical techniques was required to handle mechanical and rationalistic problems arising in connection with some of the data and some of the questions. An example of the former is the development of a single score (interview summary evaluations) for the 25 items thought to reflect facets of the blinded veteran's overall adjustment in order that its relationship to other variables could be tested. An example of the latter, in which problems of interpretation arose, is the comparison of hospital rehabilitation differences. Here, in spite of the substantial size of the overall sample, the number of blinded veterans from certain hospitals was sufficiently small that large differences in proportion could arise by chance.

A modified confidence limit approach was used in these cases to code each variable for each hospital, according to the probability that its deviation from the total could arise by chance. (See appendix IV, page 220, for specific method used.) Thus, the hospital designated with the lower-case l or h on the variable proportion of blinded veterans working indicates that the proportion is lower or higher than the average by an amount that could arise by chance (for the number attached to that hospital) somewhat less than 1 in 3 but more than once in 20 times. The hospital designated by capital L or H indicate that the proportion is higher or lower than the average by an amount that could arise by chance less than one time in 20, or, in confidence terminology, one may be 95-percent confident that the deviation of this hospital arises from the operation of some factors peculiar to it and not from the chance combination of unrelated factors.

This analytic device was used to determine whether predicted deviations of a rehabilitation hospital were sufficiently great to confirm or disconfirm the hypotheses on which the prediction was based. It was also used to select those hospitals showing deviations of sufficient degree that further analysis could be expected to locate some of the special factors in operation, or to confirm their existence if not their exact nature.

A different kind of rationalistic problem arose in handling the variable degree of association found between certain variables such as the amount of sight and whether the blinded veteran is working. The facts clearly show that a higher proportion of veterans with partial sight was working when compared to those with no useful sight (56.9 percent compared to 41.9 percent). Further analysis of how these two variables were associated (why the partially sighted veteran is more often working than the one with no useful sight) was pursued by the analysis center method to explore the various interrelationships between variables and thus avoid over simplified if not erroneous inferences about causal connections.

Correlation reasoning was used in designing and interpreting tables but in a few instances were correlation measures computed. In general the approach was to inspect cross tabulations for differences between medians or averages of subcategories, or for frequency discordance among categories. Variability in averages or frequencies which obviously had

little likelihood of arising by chance were noted, as were differences which obviously had high probability of occuring by chance. Where the differences observed were not so clearly large or small, that they could be assessed by inspection, a test of significance was applied as a guide to their interpretation.

Significant differences between variables were common, but the magnitude of corresponding correlations, estimated by computing contingency coefficients did not warrant routine computation of the latter. For example the proportion of partially seeing veterans with jobs was significantly higher than veterans with no useful sight but the contingency coefficient estimating the correlation between amount of sight and employment was of the order of +.23. The percentage of rehabilitated veterans employed was almost twice as high as the percentage employed of those who interrupted or discontinued training. The contingency coefficient measuring strength between these two variables however was of the order of only +.33. In translating findings into descriptive conclusions, care was taken therefore not to equate statistical significance or even substantial correlation with unvarying or controlling relationship between variables. As will be noted from the tables some variables were clearly more closely associated than others, but nothing approaching universal or controlling variables was found.

VII. GENERAL DESCRIPTION OF STUDY GROUP

The simple scale, 1 out of 10, 6 out of 10, more than 9 out of 10, etc., is used in this survey to convey an easily grasped, if gross, sense of proportion or relative frequency. Where a finer scale is needed for description or discrimination of differences, percentage figures to one decimal place are used. Conversion from the percentage scale to the per ten is, of course, a simple rounding to the nearest interval of 10 percent as follows: 1 out of 10, 99–292; 6 out of 10, 1,074–1,267; more than 9 out of 10, 1,853–1,949.

A. MAJOR FACTORS COMMON TO ALL

Military service for the United States, severe impairment of visual function, and Federal compensation for this condition were the three elements common to the lives of the men and 11 women in the study group. While these elements in all cases had a general similarity in kind, they differed in degree. There was variation in length of military service, extent of visual loss or distortion, and, according to the degree of disability, there was a variation in monetary compensation. (See Compensation, appendix VIII, p. 225.)

B. DISABILITIES IN ADDITION TO BLINDNESS

The entire group averaged two major disabilities. However, certain individuals had as many as 11 disabilities. The group had an uncommon share of amputations. Twelve were without both hands. Loss of taste and smell were not unusual. Facial scars were almost the rule. So varied were the constellations of anatomical loss that no attempt was made to record these in categories. Descriptive diagnostic material, however, suggests the possibility that a detailed study might be fruitful. Complaints of difficulties with hearing were made by 577 veterans. Multiple sclerosis was not infrequent. Thirteen men originally listed died within 6 months of the study. The diagnostic picture, extracted from one veteran's claims folder and shown below, was by no means uncommon.

Major disability: Blindness both eyes, light perception only.
Secondary disabilities:
- Scars, disfiguring, head, face, or neck
- Encephalopathy, traumatic
- Osteomyelitis, acute or chronic
- Partial deafness, one ear
- Paralysis of external popliteal nerve
- Paralysis of ulnar nerve
- Superficial scars, tender and painful
- Removal of testes
- Ankylosis of index finger.

C. STATISTICAL REFERENCES

Detailed statistics of item totals are shown in simple tabular form, pages 37–50. This and other tables in the text will give the reader specific figures on which descriptive and analytic statements of this report are based. (See pages 245–262 for index of tables.)

D. ANTECEDENT AND ATTENDANT EVENTS AND CONDITIONS

1. Size of group.—The entire study group, as analyzed by machine tabulation, and as statistically described in this report, consisted of 1,949 veterans.

2. Areas by VA organization *(interview question 1)*.—The group was scattered in each of the 48 states of the Union, in Puerto Rico, Hawaii, the Philippines, and three were abroad at the time of the interviewing. Veterans were reported by all regional offices in the VA organization with one exception (Alaska).

A detailed analysis was made of areas by VA organizations, and this may be found on pages 192–194.

It was found that among veterans in the northern sections of the Middle West there was a high incidence of employment.

Veterans in the New England and Southern States were more frequently able to cope with community attitudes toward blindness in the opinions of the interviewers.

3. Age at time of interview *(interview question 5 and date of interview)*.—The median age of the entire survey group was 34.1 years. Only one veteran was under 20. Only 53 were under 24. More than half were between 30 and 39 years of age.

The major age difference found was in marital status. There was a higher percentage of bachelors among younger veterans. As might have been expected, younger veterans had been blind for shorter periods. The group included a much greater percentage who were blinded by injury. Older men more frequently had partial sight.

For detailed information concerning factors related to age at time of interview see pages 58–62.

4. Women veterans *(interview question 7)*.—Although the survey group was overwhelmingly male, it included 11 women, comprising 0.6 percent of the total.

These veterans differed from other veterans studied mainly in having a larger proportion blinded by disease, only 1 of the 11 having been blinded by injury. Eight had partial sight. A high proportion had been in professional, managerial, or official positions before blindness. All except one had applied for advisement and guidance under vocational rehabilitation and education. Three had completed rehabilitation. Four were college graduates. Three read braille. Five were married women, one of whom was the mother of 3 dependent children. Five were owners of their own homes. Two were working, both of whom were satisfied with their employment. Two were users of guide dogs, both of whom were satisfied with their dogs. Three used canes. None had difficulty

arranging for the interview. None felt they had been shown too much attention by the Veterans Administration.

All were estimated by the interviewer to have satisfactory rapport with their families and to show realism with regard to future plans.

A negative showing was made chiefly in a need for additional VA services, chieflly along the lines of social work. None had suffered sight loss in circumstances which had led to participation in any of the planned Government hospital rehabilitation programs. More than half felt they had not taken full advantage from hospital rehabilitation.

5. Marital status *(interview question 9)*.—Nearly 8 out of 10 veterans were married. A few more than 10 percent were bachelors. Four percent (78) were divorced; 42 separated from their spouses; only 9 were widowers.

Marriage appeared with noticeable frequency as part of the experience of groups meeting common standards of socially approved behavior. The married were almost twice as frequently employed as the unmarried and they more frequently were judged by interviewers to have a positive attitude toward life, in spite of blindness.

More detailed information concerning marital status of the survey group may be found on pages 63–65.

6. Parental responsibility *(interview question 11)*.—Three out of five veterans had dependent children. The median number of dependent children was 2.5.

Like marriage, parental responsibility was accompanied by other patterns of socially approved action.

Veterans with dependent children were more frequently employed than those who had no dependent children, more frequently worked 40 hours or more per week, more frequently had a positive attitude toward life in the opinion of the social worker, and they had higher interview summary evaluation scores.

More detailed information may be found regarding parental responsibility on pages 63, 66 and 67.

7. Education before blindness *(interview question 33)*.—More than half of the group of veterans had reached the high school level in education before blindness. However, almost one-third had had elementary school education only. Less than 10 percent had been to college. One and four-tenths percent had reached the graduate school level. Only six veterans had had no schooling at all.

There were many evidences of relationship between achievement of recognized social goals and higher levels of education.

For more detailed information and analysis see pages 63, 67–76.

8. Branch of service *(interview question 14)*.—Eight out of ten of the study group (1,497) had served in the Army; 1 out of 10 in the Navy (197). The others were distributed among the Marine Corps, Air Force, and Coast Guard. The Coast Guard had the smallest representation with only 13 veterans.

9. Occupational classification before blindness *(interview question 34)*.—Before blindness 3 out of 10 veterans (612) had not been trained for any trade or occupation. One-fifth had been trained in skilled occupations; another one-fifth in semiskilled occupations; one-tenth had been trained for agricultural and kindred occupations; one-tenth for clerical and sales occupations; another one-tenth for unskilled occupations. The remainder who had been trained were distributed into four small groups, as follows: professional, 97; service, 95; managerial and official, 34; and semiprofessional, 25.

Occupational classifications before and since blindness were cross-tabulated and detailed information on this subject may be found on pages 154–155; 158–159.

E. EVENTS AND CONDITIONS RELATED TO BLINDNESS AND TREATMENT OR TRAINING FOR BLINDNESS

1. Cause of blindness *(interview question 27)*.—More than half the study group were blinded by injury (1,067). Those blinded by disease numbered 882 (45.3%).

Cause of blindness appears to have a marked relationship to the happenings and course of events as shown by comparative figures concerning the group blinded by injury and that blinded by disease.

One of the major differences shown was that the group blinded by injury included almost three times the percentage without useful sight as the group blinded by disease. A higher percentage blinded by injury received hospital rehabilitation treatment at one of the Government hospitals with special programs of rehabilitation of the blind.

For detailed comparison and analysis of groups blinded by injury and disease see pages 68 and 76–79.

2. Amount of sight *(interview question 46)*.—Two out of five veterans in the study group had no useful sight (855). Veterans designated as having partial sight (1,094) as described on page 5, had some visual efficiency, however slight. (Rare exceptions will not alter this general rule.)

Men without useful sight were more frequently blinded by injury (77.5%) than were men with partial sight (36.9%). They were younger, they made fuller use of special aids to the blind.

For more detailed information see pages 76 and 80–87.

3. Age at which visually disabled *(interview questions 5 and 30)*.—Three-quarters of the group were under 30 when they lost their sight, with 166 men (8.5%) under 20. A sizeable group consisted of men 35 and older (315). The median age at loss of sight was 25.9 years.

The group blinded when over 35 included a smaller percentage of men working than did younger groups (41.6% employed compared with 53.7% of those men 20–24 at the onset of visual disability). This was despite the fact that 65.1 percent of the older of the two groups had partial sight compared with 52 percent of the 20–24 year old group.

For more detailed information see pages 87–91.

4. Years visually disabled *(interview question 30)*.—A majority of the group (1,529) had been disabled between 5 and 10 years. Fewer (168) had been blind less than 5 years than had been blind over 10 years (of whom there were 252).

The number of years veterans had been visually disabled appeared to have an effect on their performance, especially with regard to employment status. Veterans who had been blinded for longer periods of time were more frequently employed.

For more detailed information see pages 91–95.

5. Hearing difficulties *(interview question 50)*.—Of the entire group of blinded veterans, 577 were reported as complaining that they had hearing difficulties. (See p. 120.)

This group was less frequently employed than was the entire group of veterans (44.0% p. 120, compared with 50.3%, p. 44); more frequently blinded by injury than by disease (68.1%, p. 120, compared with 54.7%, p. 40); more frequently without useful sight (49.9%, p. 120, compared with 43.9%, p. 43).

The group complaining of hearing difficulties without useful sight were even less frequently employed (39.2% employed compared with 48.8%, p. 120, among veterans with partial sight who complained of hearing difficulties).

6. Physical complaints *(interview question 53)*.—(Not considered suitable for analysis by machine tabulation)

This question, "What are the veteran's physical complaints?" produced copious data which were extracted and assembled with items closely related to it, such as diagnostic material.

A sampling review was made of 50 veterans' records in which classification was made in three groups:

a. Major physical complaint with some disabling illness.
b. Occasional discomforting physical complaints.
c. No complaints.

Of veterans with no physical complaints, 65 percent were employed. Of those with major complaints, 35 percent were employed.

This gives rise to speculation which could only be pursued adequately by a careful medical study under the appropriate auspices.

7. Hospitals where rehabilitation was received *(interview question 31)*.—Government hospitals with special programs of hospital rehabilitation for blindness gave treatment to 1,268 of the entire group.

It was found that veterans who received this type of treatment demonstrated more positive results with regard to employment, job satisfaction, ability to cope with community attitudes toward blindness, positive attitude toward life (as noted by interviewers), and less need for additional VA services at the time of the interview.

For detailed information and analysis see pages 96 and 182.

8. Procedures of Veterans Administration Vocational Rehabilitation and Education Service *(interview questions 35, 36, 38, and 39)*.—Three-

quarters (1,516) of the study group applied for vocational rehabilitation (interview question 35). A few more veterans than this number (1,564) went through VA vocational advisement (interview question 36).

Of the entire number 1,117 were shown as actually entering training (interview question 38).

There were many difficulties in trying to maintain accurate records of what happened in the lives of 1,949 men trying to make up their minds whether or not to put themselves in training under the VA Vocational Rehabilitation and Education Service at a crucial time in their lives. Changes of mind were frequent sometimes due to unexpected employment opportunities which altered plans.

Nevertheless, the VA VR&E Service was able to classify 1,142 veterans as follows: In training, 140; Training interrupted, 65; Training discontinued, 337; Rehabilitated, 600.

Successful functioning by the group with maximum participation in the VA VR&E program may best be illustrated by the fact that three-quarters of those with the status of rehabilitated were employed at the time of the interview.

For more detailed information and analysis, see pages 96 and 131.

9. Length of time in doubt about chances of seeing *(interview question 45)*.—A few more than one-quarter of the study group were reported as remembering no period of doubt about their chances of seeing. More than a fifth were reported as having experienced doubt for more than 2 years. A few more than half were in doubt for varying periods up to 2 years.

It was found that the group in doubt not at all, or for shorter periods, contained higher percentages of men blinded by injury and that groups in doubt for longer periods contained higher percentages blinded by disease.

There was evidence that doubt about chances of seeing might account for some serious detriment to morale, as was anticipated by informed opinion.[6]

For more detailed information and analysis see pages 96 and 102.

10. How employment was obtained *(interview question 67)*.—Of the veterans who were employed 3 out of 5 (612) veterans considered that they had obtained employment on their own initiative. Credit was given to VA training officers in 153 instances, friends or relatives in 110, State agencies for the blind in 47 instances, State or Federal employment agencies in 37 instances. Help of VA officials other than vocational rehabilitation training officers was remembered by 10 veterans and help from private agencies for the blind by 11. These figures are based on what veterans remembered as told to interviewers.

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[6] See Diamond, B. L.: Emotional Adjustment of Newly Blinded Soldiers. American Journal of Psychiatry, 102, 1945, pp. 367–371.

Veterans who remembered receiving help through VA training officers and other VA training officials included a higher percentage of veterans with no useful sight than did other sources of assistance.

It also appeared that subgroups who obtained employment on their own initiative, through State or Federal employment agencies and VA training officers, included a higher percentage satisfied with their jobs than other subgroups who obtained employment through other sources.

For more detailed information and analysis see pages 149–150.

F. OUTCOMES

1. Contact With Physician Regarding Eye Condition *(interview question 48)*.—One-quarter of the entire group (524) were reported as having residual vision and keeping in touch with their physicians regarding their eye condition. A few more than one-quarter (605) were reported as having residual vision and not keeping in touch with physicians.

It transpired that this question had presented interviewers with the anomaly of veterans who had no useful sight but kept in touch with physcians regarding their sight, and 42 such veterans were thereby listed among the group keeping in touch with physicians. It may be assumed that certain of these were receiving aftercare of a therapeutic kind with a view to protection of health rather than with a view to sight restoration. The difficulty of arriving at exactness with regard to what is total blindness emerges in this question, as noted on page 5.

Veterans who were in touch with physicians more frequently were veterans who had been in doubt about their chances of seeing for longer periods than veterans not in touch with physicians.

Better educated veterans more frequently kept in touch: College group, 57.6 percent; high school group, 47.3 percent; elementary school group, 40.2 percent.

2. Aids and appliances.

Guide dogs (interview question 54).—Guide dogs were used by 144 veterans, 141 of whom were reported satisfied with them.

Only two guide dog users were reported as having partial sight. One of these was 1 of 3 veterans reported as not satisfied with his dog (interview question 55).

Not quite half the guide dog users (47.2%) were employed, which was a greater frequency of employment than was found among other veterans without useful sight on a surveywide basis (41.9%).

Guide dog users were not found to differ from other veterans lacking useful sight either in estimated ability to deal with community attitudes toward blindness or in positive attitude toward life in the judgment of the interviewers.

Guide dog users included a higher percentage from the high school group (62.5%) than veterans not using guide dogs (51.7%), and a lower percentage from the elementary school group (25%) than veterans not

using guide dogs (35%). The same percentage of college and graduate school trained veterans were found in the two groups (12.5% and 13.3%).

Plastic eyes (interview question 59).—Plastic eyes were used by 691 veterans (35.5%). Of these 184 were using one plastic eye with partial sight in the other eye. (See p. 84.)

Veterans without useful sight who had been hospitalized at Government hospitals giving hospital rehabilitation for the blind had been fitted with plastic eyes much more frequently than had veterans who had not been so hospitalized. (See p. 189.)

Canes and type used (interview question 58).—Canes were used by 770 veterans, of whom 565 were without useful sight (73.4%).

Distribution by type of cane used was as follows: Collapsible, 157; white wooden, 288; long metal, 188; other type, 137.

Because of the difficulty of indoctrinating interviewers regarding judgments concerning cane technique, no effort was made to include such evaluations as part of the survey process. However, it was found that better educated groups tended to favor collapsible and other special canes more often than did the elementary school group. The group using the conventional white wooden cane included a higher percentage of the elementary school group than did the group using other types of cane. (See pp. 72.)

Braille (interview question 56).—Of the entire group of veterans 586 stated that they were able to read braille.

A relationship was found between complete loss of visual efficiency and positive statements concerning braille, such claims having been made by two-thirds with no useful sight compared with one-third who had suffered partial loss.

For more detailed information see page 121.

3. Employment.

Number employed (interview question 65).—It was found that 980 (50.3%) of the study group were working.

More detailed analysis of facts related to employment

Information related to employment, briefly described below, was cross-related to other data in many ways. For more detailed information concerning these correlations see pages 154–181.

Employer-Employee Relationship (interview question 66).—Of veterans employed, 513 were on salary, 366 self-employed, and 101 were in divers employer-employee categories, viz., commission, piecework, etc. (See pp. 44 and 165.)

Employment classification (interview question 68).—Employed veterans were distributed by employment classification as follows: Clerical and sales, 210 (approximately 1 out of 5); agricultural and kindred, 144; semiskilled, 135; unskilled, 118; professional, 112; skilled, 107; (all approximately 1 in 10); managerial and official, 84; service occupations, 51; semiprofessional, 19; (all less than 1 in 10). (See pp. 44 and 154.)

Comparison of occupational classification with previous occupational classification (interview questions 34 and 68).—In comparison of occupational classifications before and after blindness, 652 were found whose occupational classification since blindness was cross tabulated with the occupations for which the individuals had been trained before blindness. Two veterans listed in table 56 as having occupations both before and after blindness are not listed in this comparison. This discrepancy in coding was discovered too late for correction.

A relatively small percentage of veterans passed out of the professional category, though a considerable number passed into the unemployment status. (See p. 158.)

Length of workweek (interview question 69).—Of the 980 veterans employed, more than half (553) worked 40–49 hours per week.

The median number of hours worked was 43.9.

A group of 76 veterans worked more than 60 hours. Another group of 42 worked less than 10 hours. (See pp. 45 and 110.)

Use of sighted help on jobs (interview question 71).—Of the 980 employed veterans, one-half (481) required sighted help on their jobs.

Of the 481 requiring sighted help on the job, 300 had partial sight. Of the 499 who did not require sighted help, 322 had partial sight. Thus almost the same percentage of those requiring sighted help had partial sight as did those not requiring sighted help (62.4% compared with 64.5%).

Employed veterans who required sighted help on their jobs included almost twice the percentage in the professional category as did employed veterans who did not require sighted help on their jobs (15.2% compared with 7.8%). (See table 66, p. 169.) Of the group requiring sighted help a relatively small percentage (1.4%) were estranged maritally compared with the group not requiring sighted help (5.4%). (See table 68, p. 171.)

Job satisfaction (interview question 72).—Eight out of ten (806) employed veterans were satisfied with their jobs. Those satisfied with their jobs also presented a more positive picture in many other socially acceptable performances, such as ability to cope with community attitudes toward blindness (94.9% compared with 82.8%). (See table 70, p. 172.)

A higher percentage of totally blinded veterans was found among those satisfied with their jobs than was found among those not satisfied (38.3% compared with 28.2%). (See table 69, p. 171.)

4. Living arrangements *(interview question 76).*—Of the entire group of veterans 3 out of 5 (1,190) owned their own homes. One-fourth lived in rented quarters. Slightly more than 1 out of 10 lived with relatives.

The group of veterans living with relatives included a higher percentage with no useful sight than did the group living in their own homes, who in turn included a higher percentage with no useful sight than those living in rented quarters.

	With relatives	Own home	Rented quarters
No useful sight	51.2%	45.0%	37.6%
Partial sight	48.8%	55.0%	62.4%

A higher percentage of veterans living in their own homes were regarded as accepting life positively than were the percentage so evaluated among veterans living in rented quarters. The latter in turn had a higher proportion so evaluated than were found among veterans living with relatives (86.7%, 78.3%, 71.5%).

A similar percentage distribution was found with regard to estimated ability to cope with community attitudes toward blindness (89.4%, 86.1%, 84.8%).

A similar pattern was also found with regard to interview summary evaluation. (See p. 117.)

Fewer college graduates lived with relatives than did veterans in other categories. (See p. 74.)

5. Association with other blind people *(interview question 78)*.—It was reported that 616 veterans associated socially with other blind people, 1,254 did not associate socially with other blind people, and, concerning 79, information on this subject was not available.

The subgroup who were reported as associating socially with other blind people included a smaller percentage of partially seeing veterans than those not associating with other blind people (40.3% compared with 64.0%).

The largest percentage of those who associated with other blind people appeared among those who had been blind between 8 and 9 years. This was the World War II group, 36.2 percent of whom associated socially with other blind people, compared with a survey wide representation of 31.6 percent.

Veterans associating socially with other blind people included higher percentages in shorter periods of doubt over chances of seeing.

Veterans who associated socially with other blind people included higher percentages who were evaluated as having positive attitude toward life compared with those who did not (87.5% compared with 80.3%).

The group associating socially comprised a high percentage of groups who had higher interview summary evaluation scores. (See p. 125.)

6. Ability to cope with community attitudes toward blindness *(interview question 88)*.—In the opinion of the interviewers a little more than one-tenth (12.1%) of the entire group appeared unable to cope with community attitudes toward blindness.

The group able to cope with community attitudes toward blindness included a noticeably high proportion of men working (53.1%) against 30.1 percent among those not able to cope with community attitudes.

The group able to cope with community attitudes toward blindness also included a high percentage who accepted life positively (87.5% compared with 46.2%), and comprised a high percentage with high interview summary evaluation scores. (See p. 127.)

7. Evaluations.

Difficulty arranging for interview (interview question 85).—Nine out of ten veterans were listed as having no difficulty in arranging for the interview, only 119 as having difficulty, and 73 as wanting to avoid the interview.

A high percentage of those veterans who wanted to avoid the interview had elementary school education only (42.5%). A high percentage of veterans was also found with low interview summary evaluation scores. (See p. 126.)

Among the small group who had great difficulty arranging for the interview there was a high percentage of veterans working (78.2%).

Signs Noted of Too Much Help (interview question 86).—In 120 cases (6.1%) interviewers noted signs that veterans felt they had had too much help and should be let alone.

Estimate of Advantage Derived from Hospital Rehabilitation (interview question 114)

A few more than half of the entire study group felt that they had taken full advantage from their hospital rehabilitation treatment. Of 883 veterans who felt they had not taken full advantage, 121 wanted to return to hospitals for further treatment at the time of the interview.

Veterans desiring hospital rehabilitation included a relatively high percentage who were not working (63.6%) and who had urgent need for additional VA services. (See table 35, p. 128.)

Interviewers' Estimates of Positive Attitude Toward Life (interview question 115).—Eight out of ten veterans were reported by social workers as accepting life positively. This left 341 concerning whom a negative evaluation was made.

The relation of this negative evaluation to other factors gives abundant evidence of agreement between this part of the record and the whole interview summary evaluation. Three-quarters of the negative group had interview summary evaluation scores of 72 or under.

Cross reference to questions not a part of the interview summary evaluation showed other negative factors were frequently a part of the history of the veterans regarded by the social workers as not accepting life positively, viz., a low percentage working; a low percentage with VR&E status of rehabilitated; a high percentage who had interrupted or discontinued training (50.3% and 10.6% respectively); a low percentage who stated that they were able to read braille (16.4%); a low percentage of those who worked 40–49 hours a week.

For further information see page 36, interview summary evalua-

tion, of which this question is a part and which it summarizes, and page 129.

Interview summary evaluation (interview questions 72, 75, 86–107, and 115).—As stated in study procedures on page 12, one means of evaluation was termed an "Interview Summary Evaluation," which was determined on the basis of the above interview questions, all directed toward morale factors.

The basic distribution of the entire groups was as follows:

Scores	
92–100%	864
76– 88%	750
72% or less	335

Subgroups of veterans with a high interview summary evaluation included high percentages of veterans 25–29 years of age, married, having responsibility for dependent children, blinded by injury, blinded 8–9 years, better educated before blindness, stating that they were able to read braille, employed, satisfied with their jobs, stating that they felt able to cope with community attitudes toward blindness, needing no additional VA services.

For detailed information of Interview Summary Evaluation see pages 114–118.

Recommendations (interview question 117).—Recommendations for VA services were made by interviewers concerning 1,277 veterans, the recommendations numbering 2,023, distributed as follows: social work, 30.1 percent; prosthetics, 28.4 percent; vocational rehabilitation and education, 22.6 percent; medical, 14.4 percent; and ophthalmology, 4.5 percent.

Central office evaluations (based on all questions).—As described in study procedures, page 12, all interview outlines were given a preliminary review in central office and classified as follows:

a. Veterans who had no need for additional VA services at the time of the interview—864 (more than 4 out of 10).
b. Veterans who probably had some need for additional VA services at the time of the interview—527 (not quite 3 out of 10).
c. Veterans who probably had considerable need for additional VA services at the time of the interview—287 (14.7%).
d. Veterans who clearly had urgent need for additional VA services at the time of the interview—271 (14.0%).

Veterans designated as having no need for additional VA services included relatively high percentages who were working (80.2%), and who accepted life positively in the opinion of the interviewer (97.7%).

Veterans who probably had some need for additional VA services were characterized chiefly by dissatisfaction with employment, since veterans were often so categorized for this reason alone when no other problem existed.

All evaluation of need proved to correlate closely with Interview Summary Evaluation scores. (See p. 118.)

Table 2.—*Basic statistical distributions*

(*As of dates of Study, October 1, 1952, to March 31, 1953*)

DERIVATION OF STUDY GROUP		
Entire group of blinded veterans with service-incurred disabilities considered for inclusion in study group		2,059
Pending as of closing date (March 31, 1953)	39	
Reported deceased during survey	13	
Eye condition reported not within definition of blindness	58	
Interview outline not completed	110	110
STUDY GROUP—(Blinded veterans with service-incurred disabilities since December 7, 1941, and prior to March 31, 1953, concerning whom interview outline was completed during study)		1,949

	Number	Percent
DISTRIBUTION BY REGIONAL OFFICE (Interview Question 1):		
Total	1,949	100.0
Central Office[1]	3	.2
Albany, New York	27	1.4
Albuquerque, New Mexico	15	.8
Atlanta, Georgia	54	2.8
Baltimore, Maryland	21	1.1
Boise, Idaho	7	.4
Boston, Massachusetts	65	3.4
Brooklyn, New York	19	1.0
Buffalo, New York	23	1.2
Cheyenne, Wyoming	1	.05
Chicago, Illinois	97	5.0
Cincinnati, Ohio	29	1.5
Cleveland, Ohio	52	2.7
Columbia, South Carolina	19	1.0
Dallas, Texas	37	1.9
Denver, Colorado	24	1.2
Des Moines, Iowa	22	1.1
Detroit, Michigan	40	2.1
Fargo, North Dakota	4	.2
Fort Harrison, Montana	5	.3
Hartford, Connecticut	43	2.2
Honolulu, Hawaii	2	.1
Houston, Texas	16	.8
Huntington, West Virginia	32	1.7
Indianapolis, Indiana	33	1.7
Jackson, Mississippi	29	1.5
Juneau, Alaska	0	0.0
Kansas City, Missouri	27	1.4
Lincoln, Nebraska	14	.7
Little Rock, Arkansas	24	1.3
Los Angeles, California	83	4.3
Louisville, Kentucky	33	1.7
Lubbock, Texas	19	1.0
Manchester, New Hampshire	11	.6
Manila, Philippines	30	1.5
Miami, Florida	24	1.2
Milwaukee, Wisconsin	33	1.7
Montgomery, Alabama	40	2.0
Muskogee, Oklahoma	14	.7

[1] American citizens outside continental United States.

Table 2.—*Basic statistical distributions*—Continued

	Number	Percent
DISTRIBUTION BY REGIONAL OFFICE (Interview Question 1—Continued):		
Nashville, Tennessee	43	2.2
Newark, New Jersey	50	2.5
New Orleans, Louisiana	21	1.1
New York, New York	73	3.7
Oklahoma City, Oklahoma	18	.9
Pass-A-Grille, Florida	48	2.5
Philadelphia, Pennsylvania	52	2.7
Phoenix, Arizona	21	1.1
Pittsburgh, Pennsylvania	44	2.2
Portland, Oregon	23	1.2
Providence, Rhode Island	15	.8
Reno, Nevada	1	.05
Roanoke, Virginia	34	1.7
St. Louis, Missouri	25	1.3
St. Paul, Minnesota	33	1.7
Salt Lake City, Utah	7	.3
San Antonio, Texas	33	1.7
San Diego, California	14	.7
San Francisco, California	69	3.5
San Juan, Puerto Rico	13	.6
Seattle, Washington	24	1.2
Shreveport, Louisiana	18	.9
Sioux Falls, South Dakota	1	.05
Syracuse, New York	17	.8
Togus, Maine	15	.8
Waco, Texas	24	1.2
Washington, D. C.	22	1.1
White River Junction, Vermont	2	.1
Wichita, Kansas	18	.9
Wilkes-Barre, Pennsylvania	39	2.0
Wilmington, Delaware	2	.1
Winston-Salem, North Carolina	59	3.0
DISTRIBUTION BY VA ORGANIZATIONAL AREAS (Interview Question 1):		
Total	1,949	100.0
Area 1	310	15.9
Area 2	459	23.6
Area 3	316	16.2
Area 4	333	17.1
Area 5	250	12.8
Area 6	251	12.9
Manila	30	1.5
DISTRIBUTION BY STATE (Interview Question 1):		
Total	1,949	100.0
Alabama	40	2.1
Arizona	21	1.1
Arkansas	24	1.2
California	166	8.5
Colorado	24	1.2
Connecticut	43	2.2
Delaware	2	.1
District of Columbia	25	1.3
Florida	72	3.7

Table 2.—*Basic statistical distributions*—Continued

	Number	Percent
DISTRIBUTION BY STATE (Interview Question 1—Continued):		
Georgia	54	2.8
Idaho	7	.3
Illinois	97	5.0
Indiana	33	1.7
Iowa	22	1.1
Kansas	18	.9
Kentucky	33	1.7
Louisiana	39	2.0
Maine	15	.8
Maryland	21	1.1
Massachusetts	65	3.3
Michigan	40	2.1
Minnesota	33	1.7
Mississippi	29	1.5
Missouri	52	2.7
Montana	5	.3
Nebraska	14	.7
Nevada	1	.05
New Hampshire	11	.6
New Jersey	50	2.6
New York	159	8.2
New Mexico	15	.8
North Carolina	59	3.0
North Dakota	4	.2
Ohio	81	4.2
Oklahoma	32	1.6
Oregon	23	1.2
Pennsylvania	135	6.9
Rhode Island	15	.8
South Carolina	19	1.0
South Dakota	1	.05
Tennessee	43	2.2
Texas	129	6.6
Utah	7	.3
Vermont	2	.1
Virginia	34	1.7
Washington	24	1.2
West Virginia	32	1.6
Wisconsin	33	1.7
Wyoming	1	.05
Hawaii	2	.1
Philippines	30	1.5
Puerto Rico	13	.7
AGE AT TIME OF INTERVIEW[2] (Interview Question 5 and Date of Interview):		
Total	1,949	100.0
Under 20	1	.1
20–24	53	2.7
25–29	376	19.3
30–34	666	34.2
35–39	473	24.2
40 and older	380	19.5

[2] Median, 34.1 years.

Table 2.—*Basic statistical distributions*—Continued

	Number	Percent
AGE AT WHICH VISUALLY DISABLED[3] (Interview Questions 5 and 30):		
Total	1,949	100.0
Under 20	166	8.5
20–24	713	36.6
25–29	548	28.1
30–34	217	10.6
35 and older	315	16.2
MARITAL STATUS (Interview Question 9):		
Total	1,949	100.0
Married	1,508	77.4
Never married	312	16.0
Widowed	9	0.5
Divorced	78	4.0
Separated	42	2.1
DEPENDENT CHILDREN[4] (Interview Question 11):		
Total	1,949	100.0
No children	751	38.5
One child	408	20.9
Two children	427	21.9
Three children	228	11.7
Four children	94	4.8
Five children	26	1.4
Six children	10	0.5
Seven or more	5	0.3
BRANCH OF SERVICE (Interview Question 14):		
Total	1,949	100.0
Army	1,497	76.8
Navy	197	10.1
Air Force	96	4.9
Marine Corps	146	7.5
Coast Guard	13	0.7
CAUSE OF BLINDNESS (Interview Question 27):		
Total	1,949	100.0
Injury	1,067	54.7
Disease	882	45.3
YEARS VISUALLY DISABLED[5] (Interview Question 30):		
Total	1,949	100.0
1–2	36	1.8
2–3	72	3.7
3–4	28	1.4
4–5	32	1.7
5–10	1,529	78.3
10 or more	252	13.1

[3] Median, 25.9 years.
[4] Median (of veterans with dependent children), 2.5 children.
[5] Median, 8.5 years.

Table 2.—*Basic statistical distributions*—Continued

	Number	Percent
HOSPITALS WHERE REHABILITATION WAS RECEIVED (Interview Question 31):		
Total	1,949	100.00
Valley Forge Army General and Avon Convalescent Hospitals	507	26.02
Dibble Army General and Avon Convalescent Hospitals	160	8.21
Philadelphia Naval Hospital	141	7.23
Valley Forge Army General Hospital	104	5.34
Dibble Army General Hospital	47	2.41
Avon Convalescent Hospital	37	1.90
Valley Forge Army General, Dibble Army General, and Avon Convalescent Hospitals	26	1.33
VA Hospital, Hines	109	5.60
Valley Forge Army General and VAH, Hines	8	.40
Dibble Army General Hospital and VAH, Hines	2	.10
Avon Convalescent Hospital and VAH, Hines	1	.05
Philadelphia Naval Hospital and VAH, Hines	3	.15
Valley Forge Army General Hospital, Avon Convalescent Hospital, and VAH, Hines	5	.26
Valley Forge Army General Hospital, Dibble Army General Hospital, Avon Convalescent Hospital, and VAH, Hines	1	.05
Dibble Army General Hospital, Avon Convalescent Hospital, and VAH, Hines	4	.21
Philadelphia Naval and Avon Convalescent Hospitals	3	.15
Philadelphia Naval Hospital, Avon Convalescent Hospital, and VAH, Hines	1	.05
Other Government Hospitals	109	5.60
None of the above	681	34.94
EDUCATION BEFORE BLINDNESS (Interview Question 33):		
Total	1,949	100.0
Elementary school	661	33.9
High school	1,009	51.8
College	231	11.9
Graduate school	28	1.4
Vocational school	14	0.7
No school	6	0.3
OCCUPATIONAL CLASSIFICATION BEFORE BLINDNESS (Interview Question 34):		
Total	1,949	100.0
Professional	97	5.0
Semiprofessional	25	1.2
Managerial and official	34	1.7
Clerical and sales	154	7.9
Service	95	4.9
Agricultural and kindred	160	8.2
Skilled	308	15.8
Semiskilled	311	16.0
Unskilled	153	7.9
Not trained	612	31.4

Table 2.—*Basic statistical distributions*—Continued

	Number	Percent
CHANGE IN OCCUPATIONAL CLASSIFICATION SINCE BLINDNESS (Interview Questions 34 and 68):		
Total	652	100.0
No change	208	31.9
"Upward" change	139	21.3
"Downward" change	123	18.9
"Horizontal" change	182	27.9
APPLICATION FOR VR &E TRAINING (Interview Question 35):		
Total	1,949	100.0
Applied	1,516	77.8
Did not apply	433	22.2
VOCATIONAL ADVISEMENT (Interview Question 36):		
Total	1,949	100.0
Received	1,564	80.3
Did not receive	385	19.7
ENTRANCE INTO VR &E TRAINING (Interview Question 38):		
Total	1,949	100.0
Entered	1,117	57.4
Did not enter	832	42.6
TYPE OF VR &E TRAINING (Interview Question 38):		
Total	1,117	100.0
On-job	269	24.1
Institutional	539	48.2
On-job and Institutional	309	27.7
LENGTH OF VR &E TRAINING[6] (Interview Question 38):		
Total	1,117	100.0
1–5	181	16.2
6–11	172	15.4
12–17	143	12.8
18–23	107	9.6
24–29	129	11.5
30–35	87	7.8
36 and over	298	26.7
VR &E STATUS (Interview Question 39):		
Total having VR &E status	1,142	100.0
"In training"	140	12.3
"Training interrupted"	65	5.7
"Training discontinued"	337	29.5
"Rehabilitated"	600	52.5

[6] Median (of group who entered training), 21.5 months.

Table 2.—*Basic statistical distributions*—Continued

	Number	Percent
LENGTH OF TIME VETERANS REMEMBERED BEING IN DOUBT ABOUT CHANCES OF SEEING[7] (Interview Question 45):		
Total	1,949	100.0
Not applicable (no doubt)	517	26.6
Less than 2 weeks	342	17.4
2–8 weeks	149	7.7
2–10 months	315	16.2
10 months to 2 years	201	10.3
More than 2 years	425	21.8
AMOUNT OF SIGHT (Interview Question 46):		
Total	1,949	100.0
No useful sight	855	43.9
Partial sight	1,094	56.1
VETERANS WHO WERE KEEPING IN TOUCH WITH PHYSICIAN REGARDING EYE CONDITION (Interview Question 48):		
Total	1,949	100.0
Were keeping in touch	524	26.9
Were not keeping in touch	605	31.0
Not applicable (reported as having no residual sight)	820	42.1
VETERANS WHO STATED THEY HAD HEARING DIFFICULTIES (Interview Question 50):		
Total	1,949	100.0
Complained of hearing difficulty	577	29.6
Did not complain of hearing difficulty	1,372	70.4
VETERANS USING GUIDE DOGS AT TIME OF INTERVIEW (Interview Question 54):		
Total	1,949	100.0
Used guide dogs	144	7.4
Did not use guide dogs	1,805	92.6
SATISFACTION WITH GUIDE DOG (Interview Question 55):		
Total	144	100.0
Satisfied with dog	141	97.9
Not satisfied with dog	3	2.1
BRAILLE (Interview Question 56):		
Total	1,949	100.0
Stated they were able to read braille	586	30.1
Stated they were not able to read braille	1,363	69.9

[7] Median of those who experienced doubt, 7.7 months.

Table 2.—*Basic statistical distributions*—Continued

	Number	Percent
CANES AND TYPES USED (Interview Question 58):		
Total	1,949	100.0
None	1,179	60.5
Collapsible metal	157	8.1
White wooden	288	14.8
Long metal	188	9.6
Other type	137	7.0
PLASTIC EYES (Interview Question 59):		
Total	1,949	100.0
Using plastic eyes	691	35.5
Not using plastic eyes	1,258	64.5
EMPLOYMENT STATUS (Interview Question 65):		
Total	1,949	100.0
Working	980	50.3
Not working	969	49.7
EMPLOYER-EMPLOYEE RELATIONSHIP (Interview Question 66):		
Total Employed	980	100.0
Self-employed	366	37.3
On salary	513	52.4
Other	101	10.3
HOW EMPLOYMENT WAS OBTAINED (Interview Question 67):		
Total Employed	980	100.0
State or Federal employment agency	37	3.8
VA training officer	153	15.6
Other VA official	10	1.0
State agency for the blind	47	4.8
Private agency for the blind	11	1.1
Friend or relative	110	11.2
Own initiative	612	62.5
OCCUPATIONAL CLASSIFICATION AT TIME OF INTERVIEW (Interview Question 68):		
Total Employed	980	100.0
Professional	112	11.5
Semiprofessional	19	1.9
Managerial and official	84	8.6
Clerical and sales	210	21.4
Service occupations	51	5.2
Agricultural and kindred	144	14.7
Skilled	107	10.9
Semiskilled	135	13.8
Unskilled	118	12.0

Table 2.—*Basic statistical distributions*—Continued

	Number	Percent
LENGTH OF WORKWEEK OF EMPLOYED VETERANS[8] (Interview Question 69):		
Total Employed	980	100.0
Under 10 hours	42	4.3
10–19 hours	47	4.8
20–29 hours	81	8.3
30–39 hours	102	10.4
40–49 hours	553	56.4
50–59 hours	79	8.1
60 hours and over	76	7.7
SIGHTED HELP ON JOB (Interview Question 71):		
Total Employed	980	100.0
Required sighted help	481	49.1
Did not require sighted help	499	50.9
JOB SATISFACTION (Interview Question 72):		
Total Employed	980	100.0
Satisfied with job	806	82.2
Not satisfied with job	174	17.8
SATISFACTORY USE OF TIME (Interview Question 72 and Summary of Question 75):		
Total	1,949	100.0
Satisfactory use of time either at work or otherwise	1,270	65.2
Unsatisfactory use of time either at work or otherwise	679	34.8
JOB REFUSALS (Interview Question 73):		
Total	1,949	100.0
Had refused one or more jobs	275	14.1
Had not refused one or more jobs	1,609	82.6
No answer obtained	65	3.3
LIVING ARRANGEMENT (Interview Question 76):		
Total	1,949	100.0
Own homes	1,190	61.1
Rented quarters	498	25.5
With relatives	256	13.1
Others	5	0.3
ASSOCIATION WITH OTHER BLIND PEOPLE (Interview Question 78):		
Total	1,949	100.0
Associated socially with other blind people	616	31.6
Did not associate socially with other blind people	1,254	64.3
Answer not obtained	79	4.1

[8] Median, 43.9 hours.

Table 2.—*Basic statistical distributions*—Continued

	Number	Percent
DIFFICULTY ARRANGING FOR INTERVIEW (Interview Question 85):		
Total	1,949	100.0
Had no difficulty	1,757	90.2
Had difficulty	119	6.1
Wanted to avoid interview	73	3.7
SIGNS NOTED BY INTERVIEWER OF VETERANS' FEELING THEY HAD RECEIVED TOO MUCH ATTENTION FROM VA (Interview Question 86):		
Total	1,949	100.0
Showed signs of thinking they had received too much attention	120	6.1
Did not show signs of thinking they had received too much attention	1,829	93.9
SIGNS NOTED BY INTERVIEWERS OF VETERANS' ANXIETY OVER EFFECT BLINDNESS HAD ON FAMILIES (Interview Question 87):[9]		
Total	1,949	100.0
Showed signs of anxiety	236	12.1
Did not show signs of anxiety	1,713	87.9
APPEARANCE OF CONFIDENCE IN ABILITY TO COPE WITH COMMUNITY ATTITUDES, AS NOTED BY INTERVIEWERS (Interview Question 88):		
Total	1,949	100.0
Appeared able to cope with community attitudes	1,713	87.9
Did not appear able to cope with community attitudes	236	12.1
VETERANS' ATTITUDES TOWARD COMMUNITIES IN WHICH THEY LIVE AS NOTED BY INTERVIEWERS (Interview Question 89):		
Total	1,949	100.0
Thought well of community	1,792	91.9
Did not think well of community	157	8.1
VETERANS RAPPORT WITH THEIR FAMILIES, AS NOTED BY INTERVIEWERS (Interview Question 90):		
Total	1,949	100.0
Satisfactory	1,754	90.0
Not satisfactory	195	10.0
PERSONAL GROOMING AS NOTED BY INTERVIEWERS (Interview Question 91):		
Total	1,949	100.0
Positive impression	1,918	98.4
Negative impression	31	1.6

[9] The answer to questions 87–115 are evaluations by interviewers.

Table 2.—*Basic statistical distributions*—Continued

	Number	Percent
INTERVIEWERS' OBSERVATION OF VETERANS' POSTURE AS INDICATION OF MORALE FACTORS (Interview Question 92):		
Total	1,949	100.0
Positive impression	1,801	92.4
Negative impression	148	7.6
INTERVIEWERS' OBSERVATION OF SO-CALLED "BLINDISMS"—GRIMACING, VACANT STARE, OR FAILURE TO LOOK AT PERSON TO WHOM TALKING (Interview Question 93):		
Total	1,949	100.0
"Blindisms" noted	311	16.0
"Blindisms" not noted	1,638	84.0
INTERVIEWERS' OBSERVATION OF COMPOSURE OR LACK OF COMPOSURE OF FACIAL EXPRESSION, WITH ALLOWANCE FOR DISFIGUREMENT DUE TO ACCIDENT (Interview Question 94):		
Total	1,949	100.0
Positive impression	1,435	73.6
Negative impression	514	36.4
ORDERLINESS OF THINKING PROCESSES, AS NOTED BY INTERVIEWERS (Interview Question 95):		
Total	1,949	100.0
Thinking processes seemed orderly	1,830	93.9
Thinking processes did not seem orderly	119	6.1
ADEQUACY OF VETERANS' ABILITY TO EXPRESS THEMSELVES IN LANGUAGE, AS NOTED BY INTERVIEWERS (Interview Question 96):		
Total	1,949	100.0
Ability adequate	1,881	96.5
Ability inadequate	68	3.5
VETERANS' COMPLAINTS OF INADEQUACY OF OTHERS IN COMMUNICATION, AS NOTED BY INTERVIEWERS (Interview Question 97):		
Total	1,949	100.0
Did not complain	1,821	93.4
Did complain	128	6.6
VETERANS' COMPLAINTS OF BEING DISREGARDED BY OTHERS, AS NOTED BY INTERVIEWERS (Interview Question 98):		
Total	1,949	100.0
Did not complain	1,812	93.0
Did complain	137	7.0

Table 2.—*Basic statistical distributions*—Continued

	Number	Percent
REALISM OF VETERAN'S JUDGMENT CONCERNING HIMSELF AND OTHERS AS NOTED BY INTERVIEWERS (Interview Question 99):		
Total	1,949	100.0
Seemed realistic	1,641	84.2
Did not seem realistic	308	15.8
INTERVIEWERS' OPINION CONCERNING VETERANS' STORE OF GENERAL INFORMATION (Interview Question 100):		
Total	1,949	100.0
Seemed well informed	1,853	95.1
Did not seem well informed	96	4.9
INTERVIEWERS' OPINION OF REALISM OF VETERANS' PLANS FOR FUTURE (Interview Question 101):		
Total	1,949	100.0
Seemed realistic	1,354	69.5
Did not seem realistic	595	30.5
INTERVIEWERS' OBSERVATIONS OF NERVOUSNESS OR DEPRESSION (Interview Question 102):		
Total	1,949	100.0
Seemed nervous or depressed	517	26.5
Did not seem nervous or depressed	1,432	73.5
TENDENCIES TOWARD MORBID INTROSPECTION AND SELF-ABSORPTION AS NOTED BY INTERVIEWER (Interview Question 103):		
Total	1,949	100.0
Did not show tendency	1,679	86.1
Showed tendency	270	13.9
INDICATIONS OF CHEERFULNESS MASKING OTHER FEELINGS, AS NOTED BY INTERVIEWER (Interview Question 104):		
Total	1,949	100.0
Cheerfulness not used as mask	1,665	85.4
Cheerfulness used as mask	284	14.6
INTERVIEWERS' OBSERVATION OF ATTITUDES OF PASSIVE ACCEPTANCE (Interview Question 105):		
Total	1,949	100.0
Passive acceptance not noted	1,516	77.8
Passive acceptance noted	433	22.2
INTERVIEWERS' OBSERVATION OF HYPERCRITICAL ATTITUDES (Interview Question 106):		
Total	1,949	100.0
Did not seem overobservant of faults of others	1,798	92.3
Seemed overobservant of faults of others	151	7.7

Table 2.—*Basic statistical distributions*—Continued

	Number	Percent
INTERVIEWERS' OPINIONS OF VETERAN'S DESIRE TO MAKE A FAVORABLE IMPRESSION (Interview Question 107):		
Total	1,949	100.0
Appeared anxious to give a good account	672	34.5
Did not appear anxious to give a good account	1,277	65.5
ESTIMATE OF ADVANTAGE DERIVED FROM HOSPITAL REHABILITATION AS REPORTED BY VETERANS TO INTERVIEWERS (Interview Question 114):		
Total	1,949	100.0
Felt they took full advantage	1,066	54.7
Felt they did not take full advantage	883	45.3
Felt they had not taken full advantage and desired such services at time of interview	121	13.7
Felt they had not taken full advantage and did not desire such services	762	86.3
INTERVIEWERS' ESTIMATES OF POSITIVE ATTITUDE TOWARD LIFE (Interview Question 115):		
Total	1,949	100.0
Accepted life positively	1,608	82.5
Did not accept life positively	341	17.5
RECOMMENDATIONS BY INTERVIEWERS (Interview Question 117):		
Total	1,949	100.0
Number of veterans concerning whom recommendations were made	1,277	65.5
Number of veterans concerning whom no recommendations were made	672	34.5
TYPES OF RECOMMENDATIONS (Interview Question 117):		
Total Number of Recommendations Made Concerning Blinded Veterans	2,023	100.0
Medical	291	14.4
VR &E	458	22.6
Social work	609	30.1
Ophthalmology	91	4.5
Prosthetics	574	28.4
INTERVIEW SUMMARY EVALUATIONS[10] [11] (Interview Questions 72, 75, 86–107, and 115):		
Total	1,949	100.0
100	60	3.1
96	418	21.4
92	386	19.8
88	301	15.4
84	206	10.6
80	136	7.0
76	107	5.5
72 or less	335	17.2

[10] See page 240.
[11] Median, 87.5.

Table 2.—*Basic statistical distributions*—Continued

	Number	Percent
CENTRAL OFFICE EVALUATION[12] (Based on Review of All Questions):		
Total	1,949	100.0
Clearly no need for additional VA services	864	44.3
Probably some need	527	27.0
Probably considerable need	287	14.7
Clearly urgent need	271	14.0

[12] See page 12.

VIII. FUNDAMENTAL IMPLICATIONS OF ITEM TOTALS

A. THE LARGE MAJORITIES RELATED TO INTERVIEW SUMMARY EVALUATION

Machine tabulation of study data reveals comparatively few elements found in the lives of 9, 8, and 7 out of 10 veterans in the study group, except in the area of interview summary evaluation by interviewers, or in reported evaluations which originated with the interviewees or veterans. (See Interview Summary Evaluation pp. 240–242.) These interview summary evaluations were significant in sustaining the classic concept of the basic "normalcy" of groups of blind people.

Nine out of ten blinded veterans (1,713) were reported as appearing able to cope with community attitudes toward blindness (question 88); 9 out of 10 (1,754) were reported as having satisfactory rapport with their families (question 90); 9 out of 10 (1,792) thought well of the community in which they lived (question 89); 9 out of 10 (1,821) were reported as *not* complaining that others were inadequate in explaining things to them (question 97).

This trend persists throughout the constellation of factors commonly considered positive in criteria of mental health. Nine out of ten (1,830) were reported as appearing orderly in their thinking processes (question 95); as not complaining of being disregarded by others (1,812 veterans) (question 98); as not seeming overobservant of the faults of others (1,798 veterans) (question 106); as able to express themselves adequately in language (1,881 veterans) (question 96); as seeming well informed at their intellectual level (1,853 veterans) (question 100); as considered groomed and dressed in keeping with their surroundings (1,918 veterans) (question 91); as not showing anxiety over the effect their blindness had on their families (1,713 veterans) (question 87); as not having difficulty arranging for the interview (1,757 veterans) (question 85); as not thinking they had been shown too much attention by the Veterans Administration (1,829) (question 86); as showing no tendencies toward morbid introspection and selfabsorption (1,679 veterans) (question 103); as not appearing to have adopted a mask of cheerfulness to cover up real feelings (1,665 veterans) (question 104).

Considering what may be said of 8 out of 10 of the study group, items of interviewers, evaluations continue to carry strong indications of a group "not different" from other groups of veterans. Eight out of ten were reported as seemingly realistic concerning themselves and their general situation (1,641 veterans) (question 99); as accepting life positively despite blindness as one of the living conditions with which they had to deal (1,608 veterans) (question 115); as demonstrating no so-called blindisms (vacant stare, failure to look at the person to whom talking,

etc.) (1,638 veterans) (question 93); as not seeming nervous or depressed at the time of the interview (1,432 veterans) (question 102); as showing composure of facial expression (1,435 veterans) (question 94); as declaring themselves satisfied with their job, or giving a constructive account of how they were using their spare time (1,270 veterans) (questions 72 and 75).

Seven out of ten were considered realistic about their plans for the future (1,354 veterans) (question 101).

Whether or not this cluster of evaluations by the interviewers is too sanguine, the converse small minorities carry the implication of certain serious trouble spots in the lives of between 100 and 300 men. One out of ten veterans was reported as not being able to cope with community attitudes toward blindness (236 veterans) (question 88); as not having a satisfactory rapport with his family (195 veterans) (question 90); as showing a tendency toward introspection and selfabsorption (270 veterans) (question 103); as giving indication of having adopted a mask of cheerfulness to cover up his real feelings (284 veterans) (question 104); as showing signs of needing many additional VA services in the central office evaluation (287 veterans); as showing anxiety during the interview (236 veterans) (question 87).

Three out of ten (527) veterans showed a probable need for additional services in the central office evaluation. Three out of ten (517) veterans seemed nervous or depressed during the interview (question 102).

In the scoring of the interview summary evaluation, 2 out of 10 (335) had a score of 72 or less. (See p. 114.)

B. OBJECTIVE DATA AND MAJORITIES

Considerable majorities were found much less frequently where percentages were derived from objective facts.

Nine out of ten (1,895) veterans were 25 years of age and older at the time of the interview, 4 out of 10 (853) being 35 and older and 5 out of 10 (1,042) from 25 to 34 years old (question 5).

Nine out of ten (1,805) veterans did not use guide dogs (question 54). (It should be noted that of those who used them, more than 9 out of 10 were satisfied with them.)

Eight out of 10 veterans (1,508) were married (question 9). Not quite 2 out of 10 (312) had never been married. Fewer than 1 out of 10 were widowed, divorced, or separated (129) from their spouses.

Eight out of ten veterans (1,497) were in the Army during military service (question 14), the remainder having been divided as follows: Navy (197), 10.1 percent; Air Force (96), 4.9 percent; Marine Corps (146), 7.5 percent; Coast Guard (13), 0.7 percent.

Eight out of ten veterans (1,529) had been disabled from 5 to 10 years (question 30). Converse groups consisted of 1 out of 10 blind 10 years or more (252), and 1 out of 10 (168) blind 1 to 5 years (question 30).

Eight out of ten (1,516) veterans applied for vocational rehabilitation (question 35).

Seven out of ten (1,363) veterans did not read braille (question 56).

Eight out of ten employed veterans (806) were reported as being satisfied with their jobs (question 72). Seven out of ten (1,270) were satisfied with the use of their time, either at work or otherwise (questions 72 and 75).

Concerning 7 out of 10 veterans, recommendations were made by the medical social worker for further VA services at time of interview (1,277) (question 117).

The 7, 8, and 9 out of 10 groups are balanced by converses, some of which may be scattered or divided three ways or more, such, for instance, as marital status, which includes bachelors, widowers, and divorced men. Many data thereby fall into highly diversified categories. To classify the separate items together merely because they occur with the same frequency could have little meaning here, except as it shows that these frequencies have little or no relationship to each other. For example, 10.3 percent remained in doubt regarding chances of seeing for a period which lasted from 10 months to 2 years (question 45); 11.7 percent had three dependent children or more (question 11); 10.1 percent served in the Navy during military service (question 14); 11.9 percent went to college before military service (question 33).

IX. BASIC SUMMARY

A general review of statistical data reveals there are many indications that individual veterans interviewed, no matter how much they had in common with others, were members of a group which had an infinite number of ways of being unlike, including items of fundamental importance. Even as a stylistic instrument, there is every reason not to extract from the study group a symbolic archetype described as "the blinded veteran."[7] The facts, as they have come to light, have made this study a study of differences, as well as experiences and traits shared by myriad subgroups having strengths and difficulties in common. For an extract concerning these strengths and difficulties, see pages 55 and 56.

Something is known of the study group. Something is known of groups within the study group. Of the individual members of the group something is known by the medical personnel responsible for examining individual needs. However, the most impressive fact encountered in scanning statistics is the fact that each veteran interviewed must have had a constellation of characteristics which was unique, no matter how much he may have had in common with other members of the group of which he was a part, or how much more with subgroups of which he was a part.

There is no end of reasons why it would be misleading to describe "the blinded veteran" on the basis of the survey, but that reason transcends all others.

There are few phases of life which blindness does not complicate, and it is often a temptation to ascribe all the complications of a blind person's existence to lack of sight. Indeed one of the most insidious effects of blindness is the manner in which it exaggerates certain other problems and masks still others.

This is very well illustrated in the patterns found with regard to employment when subgroups are examined for their employment records. (See p. 176.)

In these figures it will be seen that wives, children, education, and emotional equipoise emerge as factors leading to employment despite blindness. Lack of family ties, lack of education, and lack of emotional equipoise emerge as factors working strongly toward unemployment, together with blindness, which tends to conceal the malefic effect of these other factors.

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[7] In addition to avoiding the term "the blinded veteran," it seems advisable to avoid the use of the historical present tense. We cannot say the study group *has* any characteristics. We can say the study group *had* certain characteristics the last 3 months of 1952 and the first 3 months of 1953. More specifically we can say that different members of the study group contributed their individual differences to a common pool of information at different times during the 6 months when the interviews were accomplished, at which time the consideration of each veteran's situation covered between 1 and 3 hours of personal interviewing.

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X. ITEM TOTALS REVEALING STRENGTHS AND PROBLEMS

The most important information which may be extracted from item totals in this survey is that information which reveals areas of strength on one hand and problem areas on the other. Tables 3 and 4 below, give listings of such areas as they advance to the surface statistically. Items are listed not in order of importance, but in numerical sequence according to the number of veterans involved. Each item from the item totals of the survey is listed if it is suspected of being either a strength or a trouble area.

It will be readily recognized that certain problem areas are not so grave as they may seem on the surface. It is important in this whole connection to distinguish between those items which are significant details, such as that in question 98, veteran complained of being disregarded by others, and items which are of primary importance, such as question 50, complained of hearing difficulties, or question 102, appeared depressed.

Those familiar with the situation of blinded veterans may well differ over the question of whether or not a specific item is of primary importance. Even with regard to the question of how necessary the use of braille may be, there are two or more schools of thought. Areas of strength and problem areas, as listed below, will have most meaning to those having rather extensive experience with blinded veterans.

Table 3.—*Strengths as revealed by item totals*

Positive reaction regarding personal grooming	1,918
Ability to express themselves adequately in language	1,881
Well informed at intellectual level	1,853
Orderly in thinking processes	1,830
Did not complain of being disregarded by others	1,812
Did not seem overobservant of faults of others	1,798
Reported thinking well of community in which they lived	1,792
Seemed to have satisfactory rapport with their families	1,754
Did not show signs of anxiety over effect blindness had on families	1,713
Appeared able to cope with community attitudes toward blindness	1,713
Showed no tendency toward morbid introspection and self-absorption	1,679
Reported as not using mask of cheerfulness to hide real feelings	1,665
Seemed realistic in judgment	1,641
So-called "blindisms" not noted	1,638
Reported as having positive attitude toward life despite the condition of blindness	1,608
Received advisement from VR & E	1,564
Reported as not showing passive acceptance of what those about them wanted	1,516
Married	1,508
Facial expression appeared composed	1,435
Didn't seem nervous or depressed	1,432
Stated they did not have hearing difficulties	1,372
Seemed realistic concerning plans for the future	1,354
Satisfactory use of time	1,270
Had dependent children	1,198
Living in own homes	1,190
Entered VR & E training	1,117

Table 3.—*Strengths as revealed by item totals*—Continued

Had partial sight	1,094
Felt had taken full advantage of hospital rehabilitation	1,066
High school education before blindness	1,009
Working	980
Status of "rehabilitated" in VR &E records	600
Did not require sighted help on jobs	499
No need for additional VA services at time of interview	864
Satisfied with job	806
Appeared anxious to make a good impression on interviewer	672
No recommendations by interviewers	672
Considered they had obtained employment on their own initiative	612
Stated they were able to read braille	586
Working 40–49 hours weekly	553
Having residual sight, were in touch with physician	524
Interview Summary Evaluation of 96	418
Interview Summary Evaluation of 92	386
Length of VR &E training 36 months or over	298
College education before blindness	231
Used guide dogs	144
Status of "in training" in VR &E records	140
"Upward" change in occupational status since blindness	139
Professional status in occupation at time of interview	112
Managerial and official status in occupation at time of interview	84
Working 60 hours and over weekly	76
Interview Summary Evaluation of 100	60
Graduate school education before blindness	28

Table 4.—*Problems as revealed by item totals*

Recommendations by social workers	1,277
Not working	969
Did not feel they had taken full advantage from hospital rehabilitation	883
Unsatisfactory use of time	679
Not keeping in touch with physician regarding eye condition	605
Stated they had hearing difficulties	577
Some need for additional services	527
Interviewer reported did not accept life positively	341
Interview Summary Evaluation of 72 or less	335
Clearly urgent need for additional VA services	271
Showed tendency toward morbid introspection	270
Showed signs of anxiety over effect blindness had on family	236
Did not appear able to cope with community attitudes toward blindness	236
Did not appear to have satisfactory rapport with family	195
Not satisfied with job	174
Veteran complained of being disregarded by others	137
"Downward" change in occupational status	123
Had sense of severe loss over not having taken advantage of hospital rehabilitation and desired such services at time of interview	121
Interviewer reported veteran not orderly in thinking processes	119
Working 20–29 hours a week	81
Working 10–19 hours a week	47
Working under 10 hours a week	42

Part Two

DETAILED COMPARATIVE ANALYSIS

XI. INTRODUCTION

Material from this point to the conclusion, page 195, differs from the earlier part of the text mainly in a closer focus on specific subjects with a full statistical breakdown. Subjects compared in this section are entitled simple comparative analysis in detail and consist of certain elements which had given promise that they might be causal in connection with programs for the war blinded. These are age, domestic situation, parental responsibility, education before blindness, cause of blindness, whether or not there is residual vision, age at which visually disabled, years disabled, length and type of training, doubt about chances of seeing, and employment.

Findings grouped around these analysis centers lead in the ensuing section to more detailed inquiry concerning two areas of special interest on a diversified basis, namely vocational rehabilitation and education and employment, with exploration of many facets of each. Finally, two special focal points are chosen for more careful analysis, namely hospital rehabilitation and the areas by VA organization in which veterans lived.

The reader who wishes to make his own analysis by pursuing the interrelatedness of certain subjects of special interest may do so by consulting the index which lists tables in which a particular subject appears.

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XII. SIMPLE COMPARATIVE ANALYSIS IS DETAIL

A. AGE AT TIME OF INTERVIEW *(Simple Comparative Analysis) (Interview Question 5 and Date of Interview)*

Detailed comparative statistics concerning age of blinded veterans at the time of the interviews may be found in table 5, pages 59–61, and table 6, pages 61–62.

Veterans in their twenties.—It will be seen that veterans in their twenties, of whom there were 430, were twice as often bachelors as were veterans in their thirties and forties. They were almost twice as often men blinded by injury as were men 40 and over. They had been blinded for shorter periods of time than had men in older groups. They less frequently had had college education before blindness, but at the time of interview a higher percentage were in training under VA Vocational Rehabilitation and Education.

Veterans in their thirties.—Veterans in their thirties were unmarried in the same proportions as veterans in their forties. Men in their thirties more frequently were men with dependent children than were men in their twenties and over 40.

Men in their thirties were midway between men in their twenties and men in their forties with regard to the frequency with which they had been blinded by injury, with percentages as follows:

	Blinded by Injury
Men in their twenties	68.1
Men in their thirties	55.5
Men 40 and over	37.4

Veterans over forty.—Men in the age group 40 and over were more often in the divorced or separated groups than men in their twenties. A higher proportion had been blinded for a period of 10 years or more. In the three age groups a greater proportion of successively younger veterans had attended high school and a greater proportion of those 40 and over had not gone beyond elementary school than either of the other two groups. However, men 40 and over in greater proportions had had college education before blindness than had men in their twenties and thirties. Fewer men in their forties had applied for VR&E training and a higher percentage had discontinued training after application.

Seven out of ten men over 40 had partial sight. However, they were less frequently employed than men in their thirties and twenties, a smaller percentage of whom had partial sight.

Younger age groups.—Men in younger age groups showed off somewhat more positively in certain measurements of morale, such as ability to cope with community attitudes toward blindness and in their interview summary evaluations. The differences, however, were slight.

Pages 59 – 62 contain tables

Table 5.—*Age at time of interview*

Interview outline question cross-tabulated with age at time of interview	20–29		30–39		40 and over	
	Number	Percent	Number	Percent	Number	Percent
Marital status (interview question 9):						
Total	430	100.0	1,139	100.0	380	100.0
Married	294	68.4	938	82.4	276	72.6
Never married	119	27.7	143	12.6	50	13.2
Widowed	0	.0	0	.0	9	2.4
Divorced	10	2.3	37	3.2	31	8.2
Separated	7	1.6	21	1.8	14	3.6
Dependent children (interview question 11):						
Total	430	100.0	1,139	100.0	380	100.0
None	206	47.9	350	30.7	195	51.3
1	94	21.9	242	21.3	72	18.9
2	79	18.4	285	25.0	63	16.6
3	29	6.7	172	15.1	27	7.1
4	17	4.0	63	5.5	14	3.7
5	4	.9	18	1.6	4	1.1
6 and over	1	.2	9	.8	5	1.3
Cause of blindness (interview question 27):						
Total	430	100.0	1,139	100.0	380	100.0
Injury	293	68.1	632	55.5	142	37.4
Disease	137	31.9	507	44.5	238	62.6
Years visually disabled (interview question 30):						
Total	430	100.0	1,139	100.0	380	100.0
0–1	27	6.3	6	.5	3	.8
2–3	58	13.5	31	2.7	11	2.9
4–5	27	6.3	40	3.5	19	5.0
6–7	128	29.8	279	24.5	82	21.6
8–9	179	41.6	620	54.5	187	49.2
10 or more	11	2.5	163	14.3	78	20.5
Education before blindness (interview question 33):						
Total	430	100.0	1,139	100.0	380	100.0
Elementary school	107	24.9	399	35.0	161	42.4
High school	272	63.2	595	52.3	156	41.0
College	51	11.9	145	12.7	63	16.6
Application for VR & E training (interview question 35):						
Total	430	100.0	1,139	100.0	380	100.0
Did apply	357	83.0	916	80.4	243	63.9
Did not apply	73	17.0	223	19.6	137	36.1

Table 5.—*Age at time of interview*—Continued

Interview outline question cross-tabulated with age at time of interview	20–29		30–39		40 and over	
	Number	Percent	Number	Percent	Number	Percent
VR & E status (interview question 39):						
Total	256	100.0	718	100.0	168	100.0
"In training"	46	18.0	82	11.4	12	7.1
"Training interrupted"	11	4.3	48	6.7	6	3.6
"Training discontinued"	69	26.9	206	28.7	62	36.9
"Rehabilitated"	130	50.8	382	53.2	88	52.4
Amount of sight (interview question 46):						
Total	430	100.0	1,139	100.0	380	100.0
Partial sight	206	47.9	639	56.1	249	65.5
No useful sight	224	52.1	500	43.9	131	34.5
Employment status (interview question 65):						
Total	430	100.0	1,139	100.0	380	100.0
Working	193	44.9	616	54.1	171	45.0
Not working	237	55.1	523	45.9	209	55.0
Appearance of confidence in ability to cope with community attitudes, as noted by interviewers (interview question 88):						
Total	430	100.0	1,139	100.0	380	100.0
Appeared able to cope with community attitudes	385	89.5	1,004	88.1	324	85.3
Did not appear able to cope with community attitudes	45	10.5	135	11.9	56	14.7
Interviewers' estimates of positive attitude toward life (interview question 115):						
Total	430	100.0	1,139	100.0	380	100.0
Accepted life positively	351	81.6	956	83.9	301	79.2
Did not accept life positively	79	18.4	183	16.1	79	20.8
Interview summary evaluation (Interview Questions 72, 75, 86–107, and 115):						
Total	430	100.0	1,139	100.0	380	100.0
Score of—						
100	14	3.3	34	3.0	12	3.2
96	98	22.8	246	21.6	74	19.5
92	91	21.2	225	19.8	70	18.4

Table 5.—*Age at time of interview*—Continued

Interview outline question cross-tabulated with age at time of interview	20–29		30–39		40 and over	
	Number	Percent	Number	Percent	Number	Percent
Interview summary evaluation—continued						
Score of—						
88	58	13.5	184	16.2	59	15.5
84	36	8.4	119	10.4	51	13.4
80	32	7.4	81	7.1	23	6.1
76	32	7.4	55	4.8	20	5.3
72 or less	69	16.0	195	17.1	71	18.6
Central office evaluation (based on review of all questions):						
Total	430	100.0	1,139	100.0	380	100.0
Clearly no need for additional service	183	42.6	511	44.9	170	44.7
Probably some need	108	25.1	321	28.2	98	25.8
Probably considerable need	67	15.6	170	14.9	50	13.2
Clearly urgent need	72	16.7	137	12.0	62	16.3

End Table 5

Table 6.—*Age at time of interview (medians)*

	Years
Dependent children (interview question 11):	
Total	34.1
None	34.5
1	33.8
2	34.2
3	33.6
4	33.9
5	35.0
6 and over (Not computed—fewer than 25 veterans)	
Cause of blindness (interview question 27):	
Total	34.1
Injury	33.3
Disease	35.0
Hospital where medical rehabilitation was received (interview question 31:)	
Total	34.1
Valley Forge Army General and Avon Old Farms Convalescent	33.8
Dibble Army General and Avon Old Farms Convalescent	34.4
Philadelphia Naval	31.8
Valley Forge Army General	34.3
Dibble Army General	35.0
Avon Old Farms Convalescent	34.1
Other	34.2
None	35.7
Hines:	
Completed	28.9
Incomplete	28.6

Table 6.—*Age at time of interview (medians)*—Continued

	Years
Application for VR & E Training, Entrance into Training and VR & E Status (interview questions 35 and 39):	
Total	34.1
Applied	33.7
Did not apply	36.4
Applied and entered	33.8
Applied but did not enter	33.6
"In training"	32.5
"Training interrupted"	33.5
"Training discontinued"	33.8
"Rehabilitated"	33.8
Amount of Sight (interview question 46):	
Total	34.1
Partial sight	34.6
No useful sight	33.5
Employment Status (interview question 65):	
Total	34.1
Working	34.0
Not working	34.2
Appearance of Confidence in Ability to Cope With Community Attitudes, as Noted by Interviewers (interview question 88):	
Total	34.1
Appeared able to cope with community attitudes	34.0
Did not appear able to cope with community attitudes	34.9
Interviewers' Estimates of Positive Attitude Toward Life (interview question 115):	
Total	34.1
Accepted life positively	34.0
Did not accept life positively	34.6
INTERVIEW SUMMARY EVALUATION (Interview Questions 72, 75, 86–107, and 115):	
Total	34.1
Score of—	
100	34.2
96	33.8
92	33.8
88	34.2
84	34.8
80	34.1
76	33.3
72 or less	34.7
Central Office Evaluation (based on review of all questions):	
Total	34.1
Clearly no need for additional VA services	34.2
Probably some need	34.0
Probably considerable need	34.2
Clearly urgent need	33.9

B. MARITAL STATUS *(Simple Comparative Analysis) (Interview Question 9)*

Detailed comparative statistics concerning marital status may be found in table 7, pages 64–65.

Married men more frequently had partial sight than did bachelors and men divorced and separated (57.4%, 53.8%, 45.8%).

Married men were more frequently employed than were the unmarried or those divorced or separated (56.2%, 30.1%, 28.3%).

A higher proportion of married men accepted life positively, according to the interviewers than did bachelors or men divorced or separated. (Positive attitudes were noted in 85.4% of married men compared with 75.3% of the bachelors.)

Married men had higher interview summary evaluation scores than did bachelors who in turn had higher scores than did men divorced or separated.

Veterans who were divorced or separated were more frequently in the VR&E status of training discontinued than were other groups classified by marital status (45.4% divorced or separated; 32.8% never married; 27.9% married and widowed).

Married men and bachelors more frequently required sighted help on their jobs than did veterans divorced or separated. (1 out of 5 divorced or separated required help as compared with one-half of those married). This was despite the fact that the married men more frequently had partial sight.

C. PARENTAL RESPONSIBILITY *(Simple Comparative Analysis) (Interview Question 11)*

Statistical data regarding men with dependent children may be found in table 8, pages 66–67, and table 9, page 67.

Veterans with dependent children.—Veterans with dependent children were more frequently employed than were those who had no dependent children (58.2% compared with 37.7%). They more frequently worked an average workweek, more frequently had a positive acceptance of life in the opinion of the social worker, and they had higher interview summary evaluation scores.

D. EDUCATIONAL LEVEL BEFORE BLINDNESS *(Simple Comparative Analysis) (Interview Question 33)*

Detailed statistical data comparing groups by educational levels may be found in table 10, pages 69–76.

Elementary school level.—Both exceptionally large families and no children were somewhat more characteristic of veterans whose education before blindness was confined to elementary school. These veterans included a higher percentage who had been in the Army than in other branches of military service.

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Table 7.—*Marital status*

Interview outline question cross-tabulated with marital status	Married and widowed		Never married		Divorced and separated	
	Number	Percent	Number	Percent	Number	Percent
Age at time of interview (interview question 5 and date of interview):						
Total	1,517	100.0	312	100.0	120	100.0
Under 20	0	.0	1	.3	0	.0
20–24	20	1.3	31	9.9	2	1.7
25–29	274	18.1	87	27.9	15	12.5
30–34	552	36.4	76	24.4	38	31.6
35–39	386	25.4	67	21.5	20	16.7
40 and older	285	18.8	50	16.0	45	37.5
Cause of blindness (interview question 27):						
Total	1,517	100.0	312	100.0	120	100.0
Injury	812	53.5	193	61.9	62	51.7
Disease	705	46.5	119	38.1	58	48.3
Education before blindness (interview question 33):						
Total	1,517	100.0	312	100.0	120	100.0
Elementary school	506	33.4	112	35.9	49	40.8
High school	794	52.3	171	54.8	58	48.3
College	217	14.3	29	9.3	13	10.9
Application for VR &E training (interview question 35):						
Total	1,517	100.0	312	100.0	120	100.0
Applied	1,196	78.8	228	73.1	92	76.7
Did not apply	321	21.2	84	26.9	28	23.3
VR &E status (interview question 39):						
Total	939	100.0	137	100.0	66	100.0
"In training"	105	11.2	30	21.9	5	7.6
"Training interrupted"	50	5.3	10	7.3	5	7.6
"Training discontinued"	262	27.9	45	32.8	30	45.4
"Rehabilitated"	522	55.6	52	38.0	26	39.4
Amount of sight (interview question 46):						
Total	1,517	100.0	312	100.0	120	100.0
Partial sight	871	57.4	168	53.8	55	45.8
No useful sight	646	42.6	144	46.2	65	54.2

Table 7.—*Marital status*—Continued

Interview outline question cross-tabulated with marital status	Married and widowed		Never married		Divorced and separated	
	Number	Percent	Number	Percent	Number	Percent
Employment status (interview question 65):						
Total	1,517	100.0	312	100.0	120	100.0
Working	852	56.2	94	30.1	34	28.3
Not working	665	43.8	218	69.9	86	71.7
Sighted help on job (interview question 71):						
Total	852	100.0	94	100.0	34	100.0
Required sighted help	429	50.4	45	47.9	7	20.6
Did not require sighted help	423	49.6	49	52.1	27	79.4
Job satisfaction (interview question 72):						
Total	852	100.0	94	100.0	34	100.0
Satisfied with job	699	82.0	80	85.1	27	79.4
Not satisfied with job	153	18.0	14	14.9	7	20.6
Interviewers' estimates of positive attitude toward life (interview question 115):						
Total	1,517	100.0	312	100.0	120	100.0
Accepted life positively	1,296	85.4	235	75.3	77	64.2
Did not accept life positively	221	14.6	77	24.7	43	35.8
Interview summary evaluation (Interview Questions 72, 75, 86-107, and 115):						
Total	1,517	100.0	312	100.0	120	100.0
100	53	3.5	6	1.9	1	.8
96	363	23.9	47	15.1	8	6.7
92	333	22.0	43	13.8	10	8.3
88	234	15.4	46	14.7	21	17.5
84	145	9.6	40	12.8	21	17.5
80	99	6.5	28	9.0	9	7.5
76	74	4.9	23	7.4	10	8.3
72 or less	216	14.2	79	25.3	40	33.4

Table 8.—*Dependent children*

Interview outline question cross-tabulated with dependent children	Had one or more children		Had no children	
	Number	Percent	Number	Percent
Age at time of interview (interview question 5 and date of interview):				
Total	1,198	100.0	751	100.0
Under 20	0	.0	1	.1
20–24	8	.7	45	6.0
25–29	216	18.0	160	21.3
30–34	478	39.9	188	25.0
35–39	311	26.0	162	21.6
40 and older	185	15.4	195	26.0
Education before blindness (interview question 33):				
Total	1,198	100.0	751	100.0
Elementary school	402	33.6	265	35.3
High school	627	52.3	396	52.7
College	169	14.1	90	12.0
Amount of sight (interview question 46):				
Total	1,198	100.0	751	100.0
Partial sight	685	57.2	409	54.5
No useful sight	513	42.8	342	45.5
Employment status (interview question 65):				
Total	1,198	100.0	751	100.0
Working	697	58.2	283	37.7
Not working	501	41.8	468	62.3
Length of workweek of employed veterans (interview question 69):				
Total	697	100.0	283	100.0
Under 10 hours	27	3.9	15	5.3
10–19 hours	28	4.0	19	6.7
20–29 hours	53	7.6	28	9.9
30–39 hours	70	10.0	32	11.3
40–49 hours	406	58.3	147	51.9
50–59 hours	55	7.9	24	8.5
60 hours and over	58	8.3	18	6.4
Interviewers' estimates of positive attitude toward life (interview question 115):				
Total	1,198	100.0	751	100.0
Accepted life positively	1,026	85.6	582	77.5
Did not accept life positively	172	14.4	169	22.5

Table 8.—*Dependent children*—Continued

Interview outline question cross-tabulated with dependent children	Had one or more children		Had no children	
	Number	Percent	Number	Percent
Interview summary evaluation (interview questions 72, 75, 86–107, and 115): Total	1,198	100.0	751	100.0
Score of—				
100	45	3.8	15	2.0
96	279	23.3	139	18.5
92	258	21.5	128	17.0
88	186	15.5	115	15.3
84	118	9.9	88	11.8
80	81	6.8	55	7.3
76	64	5.3	43	5.7
72 or less	167	13.9	168	22.4

Table 9.—*Dependent children (medians)*

Age at time of interview (interview question 5 and date of interview):	
Total for veterans with dependent children	2.5 children
Under 20—	Not computed—fewer than 25 veterans.)
20–24—	
25–29	2.3 children
30–34	2.6 children
35–39	2.5 children
40 and over	2.3 children

The elementary school group included a higher percentage of veterans who experienced no doubt about the chances of seeing than did veterans with more education. Veterans with less education more frequently made use of the classic white cane (wooden) than did better educated groups (elementary, 43.6%; high school 34.6%; college 30.8%). A higher percentage of men with elementary school education had informal or unusual employer-employee status than men with more education. One hundred percent more had an urgent need for additional VA services. Veterans with less education received on-the-job training with greater frequency than did better educated groups.

High school level.—The group of veterans who had completed high school before blindness included a higher percentage of veterans under 40 than did either the elementary school or college group.

Trends with higher education.—There was a slight upward progression of frequency of marriage as the amount of education of the veterans increased.

Better educated groups entered VA Vocational Rehabilitation and Education training with greater frequency, viz., elementary school, 47.3 percent entered; high school, 60.4 percent entered; college, 71.4 percent entered. They also had received training for longer periods with greater frequency.

Veterans who had been trained 36 months and over included only 16.8 percent of the elementary school group, but 27.3 percent of the high school group and 39.8 percent of the college group.

Groups with more education before blindness more frequently had VR&E status of in training and rehabilitated, less frequently the status of training interrupted and of training discontinued. They stated that they read braille more frequently.

Groups with better education before blindness were progressively more often employed, viz., elementary school, 37.6 percent; high school, 54.6 percent; college, 65.6 percent. In general they also worked longer hours.

More of highly educated groups had higher interview summary evaluations and more had no need for additional services by the Veterans Administration.

Veterans who had attended college.—Veterans who had attended college before blindness comprised a subgroup with a large number of special characteristics and attributes in common which differed from the other two subgroups formed by educational categorization.

A higher percentage of veterans who had attended college before blindness had one-child families than did veterans whose education had been confined to lower levels. They had partial sight with greater frequency and they kept in touch with physicians regarding their eye condition with greater frequency than did veterans with less education. The college group remained in doubt about chances of seeing for more than 2 years with a noticeably greater frequency than did the elementary school group.

Ten percent more veterans with college education before blindness were working than those with high school education. Almost twice as many were working as compared with those in the elementary school group. A larger segment were salaried. More in proportion had secured employment on their own initiative than had done so in the high school group, who in turn had more often secured employment on their own initiative than had the elementary school group.

Veterans with college education before blindness worked longer hours in greater proportionate numbers. Greater proportionate numbers also required sighted help on their jobs. Greater proportionate numbers had refused one or more jobs. They less often lived with relatives, more often appeared able to cope with community attitudes toward blindness, more frequently were veterans who appeared to the interviewer to accept life positively than were the high school group (a greater percentage of whom in turn were thought to have a positive attitude than did the elementary school group).

They less often had changed the type of employment in which they were engaged than had veterans with less education.

E. CAUSE OF BLINDNESS *(Simple Comparative Analysis) (Interview Question 27)*

Detailed statistical comparison regarding cause of blindness will be found in table 11, pages 77–79.

Pages 69 - thru part of 76 have tables

Table 10.—*Education before blindness*

Interview outline question cross-tabulated with education before blindness	Elementary school		High school		College	
	Number	Percent	Number	Percent	Number	Percent
Age at time of interview (interview question 5 and date of interview):						
Total	667	100.0	1,023	100.0	259	100.0
Under 20	0	.0	1	.1	0	.0
20–24	19	2.9	32	3.1	2	.8
25–29	88	13.2	239	23.4	49	18.9
30–34	219	32.8	361	35.3	86	33.2
35–39	180	27.0	234	22.9	59	22.8
40 and older	161	24.1	156	15.2	63	24.3
Age at which visually disabled (interview questions 5 and 30):						
Total	667	100.0	1,023	100.0	259	100.0
Under 20	36	5.4	118	11.5	12	4.6
20–24	213	31.9	405	39.6	95	36.7
25–29	201	30.1	274	26.8	73	28.2
30–35	78	11.7	97	9.5	32	12.4
35 and over	139	20.9	129	12.6	47	18.1
Marital status (interview question 9):						
Total	667	100.0	1,023	100.0	259	100.0
Married	500	75.0	791	77.3	217	83.8
Never married	112	16.8	171	16.7	29	11.2
Widowed	6	.9	3	.3	0	.0
Divorced	34	5.1	35	3.4	9	3.5
Separated	15	2.2	23	2.3	4	1.5
Dependent children (interview question 11):						
Total	667	100.0	1,023	100.0	259	100.0
None	265	39.7	396	38.7	90	34.7
1	119	17.8	217	21.2	72	27.8
2	131	19.6	235	23.0	61	23.6
3	90	13.5	115	11.2	23	8.9
4	45	6.7	40	3.9	9	3.5
5	9	1.4	14	1.4	3	1.1
6	5	.8	4	.4	1	.4
7 or more	3	.5	2	.2	0	.0
Branch of service (interview question 14):						
Total	667	100.0	1,023	100.0	259	100.0
Army	561	84.1	752	73.5	184	71.0
Navy	48	7.2	119	11.6	30	11.6
Air Force	22	3.3	52	5.1	22	8.5
Marine Corps	32	4.8	92	9.0	22	8.5
Coast Guard	4	.6	8	.8	1	.4

Table 10.—*Education before blindness*—Continued

Interview outline question cross-tabulated with education before blindness	Elementary school		High school		College	
	Number	Percent	Number	Percent	Number	Percent
Cause of blindness (interview question 27):						
Total	667	100.0	1,023	100.0	259	100.0
Injury	361	54.1	573	56.0	133	51.4
Disease	306	45.9	450	44.0	126	48.6
Years visually disabled (interview question 30):						
Total	667	100.0	1,023	100.0	259	100.0
0–1	12	1.8	18	1.8	6	2.3
2–3	37	5.6	53	5.2	10	3.9
4–5	27	4.1	46	4.5	13	5.0
6–7	165	24.7	267	26.1	57	22.0
8–9	337	50.5	510	49.8	139	53.7
10 years or more	89	13.3	129	12.6	34	13.1
Change in occupational classification since blindness (interview questions 34 and 68):						
Total	667	100.0	1,023	100.0	259	100.0
No change	58	8.7	100	9.8	50	19.3
"Upward" change	34	5.1	87	8.5	18	6.9
"Downward" change	32	4.8	74	7.2	17	6.6
"Horizontal" change	45	6.7	111	10.9	26	10.0
Not applicable[1]	498	74.7	651	63.6	148	57.2
Application for VR&E training (interview question 35):						
Total	667	100.0	1,023	100.0	259	100.0
Applied	489	73.3	828	80.9	199	76.8
Did not apply	178	26.7	195	19.1	60	23.2
Vocational advisement (interview question 36):						
Total	667	100.0	1,023	100.0	259	100.0
Received	496	74.4	862	84.3	206	79.5
Did not receive	171	25.6	161	15.7	53	20.5
Entrance into VR&E training (interview question 38):						
Total	666	100.0	1,022	100.0	259	100.0
Entered	315	47.3	617	60.4	185	71.4
Did not enter	351	52.7	405	39.6	74	28.6

[1] Veterans who were not employed either before or after blindness.

Table 10.—*Education before blindness*—Continued

Interview outline question cross-tabulated with education before blindness	Elementary school		High school		College	
	Number	Percent	Number	Percent	Number	Percent
Type of VR &E training (interview question 38):						
Total	315	100.0	617	100.0	185	100.0
On-the-job	91	28.9	155	25.1	23	12.4
Institutional	124	39.4	284	46.0	131	70.8
On-the-job and institutional	100	31.7	178	28.9	31	16.8
Length of VR &E training (interview question 38):						
Total (excluding not applicable)	310	100.0	601	100.0	206	100.0
0– 5 months	70	22.6	96	16.0	15	7.3
6–11 months	55	17.7	99	16.5	18	8.7
12–17 months	48	15.5	71	11.8	24	11.7
18–23 months	31	10.0	55	9.1	21	10.2
24–29 months	31	10.0	71	11.8	27	13.1
30–35 months	23	7.4	45	7.5	19	9.2
36 months and over	52	16.8	164	27.3	82	39.8
VR &E status (interview question 39):						
Total	328	100.0	634	100.0	180	100.0
"In training"	20	6.1	90	14.2	30	16.7
"Training interrupted"	29	8.8	28	4.4	8	4.4
"Training discontinued"	124	37.8	177	27.9	36	20.0
"Rehabilitated"	155	47.3	339	53.5	106	58.9
Length of time veterans remembered being in doubt about chances of seeing (interview question 45):						
Total	667	100.0	1,023	100.0	259	100.0
Less than 2 weeks	120	18.0	188	18.4	34	13.1
2– 8 weeks	61	9.1	74	7.2	14	5.4
2–10 months	96	14.4	164	16.0	55	21.2
10 months to 2 years	77	11.6	98	9.6	26	10.1
More than 2 years	126	18.9	228	22.3	71	27.4
Not applicable (no doubt)	187	28.0	271	26.5	59	22.8
Amount of sight (interview question 46):						
Total	667	100.0	1,023	100.0	259	100.0
Partial sight	375	56.2	558	54.5	161	62.2
No useful sight	292	43.8	465	45.5	98	37.8

Table 10.—*Education before blindness*—Continued

Interview outline question cross-tabulated with education before blindness	Elementary school		High school		College	
	Number	Percent	Number	Percent	Number	Percent
Veterans who were keeping in touch with physician regarding eye condition (interview question 48):						
Total With Residual Vision	383	100.0	581	100.0	165	100.0
Were keeping in touch	154	40.2	275	47.3	95	57.6
Were not keeping in touch	229	59.8	306	52.7	70	42.4
Veterans using guide dogs at time of interview (interview question 54):						
Total	667	100.0	1,023	100.0	259	100.0
Used guide dogs	36	5.4	90	8.8	18	6.9
Did not use guide dogs	631	94.6	933	91.2	241	93.1
Braille (interview question 56):						
Total	667	100.0	1,023	100.0	259	100.0
Stated they were able to read braille	140	21.0	347	33.9	99	38.2
Stated they were not able to read braille	527	79.0	676	66.1	160	61.8
Canes and types used (interview question 58):						
Total	282	100.0	384	100.0	104	100.0
Collapsible cane	42	14.9	94	24.5	21	20.2
White wooden cane	123	43.6	133	34.6	32	30.8
Long metal cane	65	23.0	98	25.5	25	24.0
Other type cane	52	18.5	59	15.4	26	25.0
Employment status (interview question 65):						
Total	667	100.0	1,023	100.0	259	100.0
Working	251	37.6	559	54.6	170	65.6
Not working	416	62.4	464	45.4	89	34.4
Employer-employee relationship (interview question 66):						
Total	251	100.0	559	100.0	170	100.0
On salary	121	48.2	292	52.2	100	58.8
Self-employed	97	38.6	208	37.2	61	35.9
Other	33	13.2	59	10.6	9	5.3

Table 10.—*Education before blindness*—Continued

Interview outline question cross-tabulated with education before blindness	Elementary school		High school		College	
	Number	Percent	Number	Percent	Number	Percent
How employment was obtained (interview question 67):						
Total	251	100.0	559	100.0	170	100.0
State or Federal employment agency	9	3.6	23	4.1	5	2.9
VA training officer	51	20.3	90	16.1	12	7.1
Other VA official	3	1.2	4	.7	3	1.8
State agency for the blind	13	5.2	29	5.2	5	2.9
Private agency for the blind	3	1.2	5	0.9	3	1.8
Friend or relative	30	11.9	67	12.0	13	7.6
Own initiative	142	56.6	341	61.0	129	75.9
Occupational classification at time of interview (interview question 68):						
Total	251	100.0	559	100.0	170	100.0
Professional	7	2.8	48	8.6	57	33.5
Semiprofessional	3	1.2	5	.9	11	6.5
Managerial and official	15	6.0	45	8.1	24	14.1
Clerical and sales	41	16.3	128	22.9	41	24.1
Service occupations	12	4.8	34	6.1	5	2.9
Agricultural and kindred	54	21.5	78	13.9	12	7.1
Skilled	23	9.2	76	13.6	8	4.7
Semiskilled	43	17.1	84	15.0	8	4.7
Unskilled	53	21.1	61	10.9	4	2.4
Length of workweek of employed veterans (interview question 69):						
Total	251	100.0	559	100.0	170	100.0
Under 10 hours	13	5.2	29	5.2	0	.0
10–19 hours	18	7.2	23	4.1	6	3.5
20–29 hours	26	10.3	42	7.5	13	7.7
30–39 hours	31	12.3	50	9.0	21	12.4
40–49 hours	125	49.8	331	59.2	97	57.0
50–59 hours	18	7.2	42	7.5	19	11.2
60 hours and over	20	8.0	42	7.5	14	8.2
Sighted help on job (interview question 71):						
Total	251	100.0	559	100.0	170	100.0
Required sighted help	123	49.0	250	44.7	108	63.5
Did not require sighted help	128	51.0	309	55.3	62	36.5
Job satisfaction (interview question 72):						
Total	251	100.0	559	100.0	170	100.0
Satisfied with job	207	82.5	453	81.0	146	85.9
Not satisfied with job	44	17.5	106	19.0	24	14.1

Table 10.—*Education before blindness*—Continued

Interview outline question cross-tabulated with education before blindness	Elementary school		High school		College	
	Number	Percent	Number	Percent	Number	Percent
Job refusals (interview question 73):						
Total	667	100.0	1,023	100.0	259	100.0
Refused one or more jobs	83	12.4	138	13.5	54	20.8
Had not refused any jobs	551	82.6	861	84.2	197	76.1
No answer obtained	33	5.0	24	2.3	8	3.1
Living arrangement (interview question 76):						
Total	667	100.0	1,023	100.0	259	100.0
Own home	411	61.6	616	60.2	163	62.9
Rented quarters	163	24.4	254	24.8	81	31.3
Living with relatives	92	13.8	149	14.6	15	5.8
Other than above	1	.2	4	.4	0	.0
Association with other blind people (interview question 78):						
Total	667	100.0	1,023	100.0	259	100.0
Associated socially with other blind people	195	29.2	334	32.7	87	33.6
Did not associate socially with other blind people	443	66.4	651	63.6	160	61.8
Answer not obtained	29	4.4	38	3.7	12	4.6
Difficulty arranging for interview (interview question 85):						
Total	667	100.0	1,023	100.0	259	100.0
Had no difficulty	609	91.3	923	90.2	225	86.9
Had great difficulty	27	4.0	66	6.5	26	10.0
Tried to avoid interview	31	4.7	34	3.3	8	3.1
Signs noted by interviewers of veterans feeling they had received too much attention from the VA (interview question 86):						
Total	667	100.0	1,023	100.0	259	100.0
Showed signs of thinking they had received too much attention	42	6.3	60	5.9	18	6.9
Did not show signs of thinking they had received too much attention	625	93.7	963	94.1	241	93.1

Table 10.—*Education before blindness*—Continued

Interview outline question cross-tabulated with education before blindness	Elementary school		High school		College	
	Number	Percent	Number	Percent	Number	Percent
Appearance of confidence in ability to cope with community attitudes, as noted by interviewers (interview question 88):						
Total	667	100.0	1,023	100.0	259	100.0
Appeared able to cope with community attitudes	567	85.0	906	88.6	240	92.7
Did not appear able to cope with community attitudes	100	15.0	117	11.4	19	7.3
Estimate of advantage derived from medical rehabilitation as reported by veterans to interviewers (interview question 114):						
Total	667	100.0	1,023	100.0	259	100.0
Felt they took full advantage	364	54.6	553	54.1	149	57.5
Felt they did not take full advantage	303	45.4	470	45.9	110	42.5
Felt they did not take full advantage and desired such services at time of interview	47	15.5	62	13.2	12	10.9
Felt they did not take full advantage and did not desire such services	256	84.5	408	86.8	98	89.1
Interviewers' estimate of positive attitude toward life (interview question 115):						
Total	667	100.0	1,023	100.0	259	100.0
Accepted life positively	506	75.9	869	84.9	233	90.0
Did not accept life positively	161	24.1	154	15.1	26	10.0
Interview summary evaluation (Interview Questions 72, 75, 86-107, and 115):						
Total	667	100.0	1,023	100.0	259	100.0
Score of—						
100	14	2.1	35	3.4	11	4.2
96	115	17.2	225	22.0	78	30.1
92	120	18.0	214	20.9	52	20.1
88	77	11.5	185	18.1	39	15.1
84	69	10.4	105	10.3	32	12.4
80	69	10.4	56	5.5	11	4.2

Table 10.—*Education before blindness*—Continued

Interview outline question cross-tabulated with education before blindness	Elementary school		High school		College	
	Number	Percent	Number	Percent	Number	Percent
Interview summary evaluation—continued						
76	45	6.7	53	5.2	9	3.5
72 or less	158	23.7	150	14.6	27	10.4
Central office evaluation (based on review of all questions):						
Total	667	100.0	1,023	100.0	259	100.0
Clearly no need for additional VA services	211	31.6	490	47.9	163	62.9
Probably some need	207	31.0	267	26.1	53	20.5
Probably considerable need	129	19.4	136	13.3	22	8.5
Clearly urgent need	120	18.0	130	12.7	21	8.1

Treatment at Government hospitals with special rehabilitation programs for the blind was found in the histories of veterans blinded by injury more than twice as frequently as such treatment was found in the histories of veterans blinded by disease (80.5% compared with 34.1%).

Veterans blinded by injury.—Men blinded by injury were more frequently from the Army and the Marine Corps than from other branches of the military service.

The group included more younger men than the group blinded by disease. More were in doubt for shorter periods about their chances of seeing. They applied for Vocational Rehabilitation and Education a little more often and they more often had the VA VR&E status of rehabilitated. A greater percentage blinded by injury had slightly higher Interview Summary Evaluation scores.

Veterans blinded by disease.—Veterans blinded by disease included twice as high a percentage of men over 40 as did the veterans blinded by injury. More than three-fifths of them were in doubt about their chances of seeing for indefinite periods of more than 2 months compared with a little less than one-third blinded by injury. More than three-fifths blinded by disease had no treatment under a special Government hospital program for the blind, compared with less than one-fifth of those blinded by injury who had not had such treatment.

F. AMOUNT OF SIGHT *(Simple Comparative Analysis) (Interview Question 46)*

Detailed statistical comparison of partially seeing veterans and veterans without useful sight may be found in table 12, pages 81–87.

The importance of these comparisons depends heavily on interpretation with reference to the categories defined on page 5.

Table 11.—*Cause of blindness*

Interview outline question cross-tabulated with cause of blindness	Injury		Disease	
	Number	Percent	Number	Percent
Age at time of interview (interview question 5 and date of interview):				
Total	1,067	100.0	882	100.0
Under 20	1	.1	0	.0
20–24	41	3.8	12	1.4
25–29	251	23.5	125	14.2
30–34	360	33.7	306	34.7
35–39	272	25.6	201	22.7
40 and over	142	13.3	238	27.0
Marital status (interview question 9):				
Total	1,067	100.0	882	100.0
Married	811	76.0	697	79.0
Never married	193	18.1	119	13.6
Widowed	1	.1	8	.9
Divorced	40	3.8	38	4.3
Separated	22	2.0	20	2.2
Branch of service (interview question 14):				
Total	1,067	100.0	882	100.0
Army	878	82.3	619	70.2
Navy	58	5.4	139	15.8
Air Force	29	2.7	67	7.6
Marine Corps	100	9.4	46	5.2
Coast Guard	2	.2	11	1.2
Hospitals where rehabilitation was received (interview question 31):				
Total	1,067	100.0	882	100.0
Valley Forge Army General and Avon Convalescent	388	36.4	119	13.5
Dibble Army General and Avon Conlescent	128	12.0	32	3.6
Philadelphia Naval	99	9.3	42	4.8
Valley Forge Army General (incomplete)	73	6.8	31	3.5
Dibble Army General (incomplete)	31	2.9	16	1.8
Avon Convalescent	22	2.0	15	1.7
Valley Forge Army General, Dibble Army General, and Avon Convalescent	24	2.2	2	.2
VA Hospital, Hines	69	6.5	40	4.6
Valley Forge Army General and VAH, Hines	7	.7	1	.1
Dibble Army General and VAH, Hines	2	.2	0	.0
Avon Convalescent and VAH, Hines	0	.0	1	.1
Philadelphia Naval and VAH, Hines	2	.2	1	.1
Valley Forge Army General, Avon Convalescent, and VAH, Hines	5	.5	0	.0
Valley Forge Army General, Dibble Army General, Avon Convalescent, and VAH, Hines	1	.1	0	.0
Dibble Army General, Avon Convalescent, and VAH, Hines	4	.4	0	.0
Philadelphia Naval and Avon Convalescent	3	.3	0	.0

Table 11.—*Cause of blindness*—Continued

Interview outline question cross-tabulated with cause of blindness	Injury		Disease	
	Number	Percent	Number	Percent
Hospitals where rehabilitation was received—Continued				
Philadelphia Naval, Avon Convalescent, and VAH, Hines	0	.0	1	.1
Other Government hospitals	40	3.7	69	7.8
None of the above	169	15.8	512	58.1
Education before blindness (interview question 33):				
Total	1,067	100.0	882	100.0
Elementary	359	33.6	302	34.3
High school	566	53.0	443	50.2
College	116	10.8	115	13.0
Graduate school	17	1.6	11	1.2
Vocational school only	7	.6	7	.8
No schooling	2	.4	4	.5
Application for VR & E training, entrance into training and VR & E status (questions 35 and 39):				
Total	1,067	100.0	882	100.0
Applied	857	80.3	659	74.7
Did not apply	210	19.7	223	25.3
Applied, did not enter	211	24.6	163	24.7
Applied and entered	646	75.4	496	75.3
"In training"	85	13.2	55	11.1
"Training interrupted"	26	4.0	39	7.8
"Training discontinued"	160	24.8	177	35.7
"Rehabilitated"	375	58.0	225	45.4
Type of VR & E training (interview question 38):				
Total (excluding not applicable)	625	100.0	492	100.0
On-the-job	148	23.7	121	24.6
Institutional	310	49.6	229	46.6
On-the-job and institutional	167	26.7	142	28.8
Length of VR & E training (interview question 38):				
Total (excluding not applicable)	625	100.0	492	100.0
0– 5 months	100	16.0	81	16.5
6–11 months	89	14.2	83	16.9
12–17 months	74	11.8	69	14.0
18–23 months	58	9.3	49	10.0
24–29 months	70	11.2	59	12.0
30–35 months	53	8.5	34	6.9
36 months and over	181	29.0	117	23.7
Length of time veterans remembered being in doubt about chances of seeing (interview question 45):				
Total	1,067	100.0	882	100.0
Less than 2 weeks	267	25.0	75	8.5
2–8 weeks	85	8.0	64	7.3
2–10 months	141	13.2	174	19.7

Table 11.—*Cause of blindness*—Continued

Interview outline question cross-tabulated with cause of blindness	Injury		Disease	
	Number	Percent	Number	Percent
Length of time veterans remembered being in doubt about chances of seeing—Continued				
10 months–2 years	67	6.3	134	15.2
More than 2 years	111	10.4	314	35.6
Not applicable (no doubt)	396	37.1	121	13.7
Amount of sight (interview question 46):				
Total	1,067	100.0	882	100.0
Partial sight	404	37.9	690	78.2
No useful sight	663	62.1	192	21.8
Employment status (interview question 65):				
Total	1,067	100.0	882	100.0
Working	518	48.5	462	52.4
Not working	549	51.5	420	47.6
Job satisfaction (interview question 72):				
Total	518	100.0	462	100.0
Satisfied with job	441	85.1	365	79.0
Not satisfied with job	77	14.9	97	21.0
Appearance of confidence in ability to cope with community attitudes as noted by interviewers (interview question 88):				
Total	1,067	100.0	882	100.0
Able to cope	943	88.5	770	87.3
Not able to cope	124	11.5	112	12.7
Interviewers' estimates of positive acceptance toward life (interview question 115):				
Total	1,067	100.0	882	100.0
Accepted life positively	892	83.6	716	81.2
Did not accept life positively	175	16.4	166	18.8
Interviewers' summary evaluation (interview questions 72, 75, 86–107, and 115):				
Total	1,067	100.0	882	100.0
100	37	3.5	23	2.6
96	251	23.5	167	18.9
92	219	20.5	167	18.9
88	158	14.8	143	16.3
84	102	9.6	104	11.8
80	66	6.2	70	7.9
76	57	5.3	50	5.7
72 or less	177	16.6	158	17.9
Central office evaluation concerning need for additional VA services—(based on review of all questions):				
Total	1,067	100.0	882	100.0
Clearly no need for additional VA services	495	46.4	369	41.8
Probably some need	255	23.9	272	30.8
Probably considerable need	157	14.7	130	14.8
Clearly urgent need	160	15.0	111	12.6

These categories gather into the group with no useful sight only veterans *recorded by interviewers as making no use of eyesight for any purpose whatever.* This is not an absolute guarantee that no single veteran in this group had useful sight, but that the absence of useful sight was overwhelmingly characteristic of the group. On the other hand the group with partial sight had a variegated assortment of visual functions from a minimum to a maximum that might be termed useful within the definition of blindness.

Veterans with no useful sight.—Veterans with no useful sight were a little more frequently in younger age groups than were partially seeing veterans. If they experienced doubt about their chances of seeing, they were in doubt for shorter periods of time. They were more frequently blinded younger, were more frequently members of the Army and Marine Corps than other branches of service, a little more often had had high school education than other groups had. They more frequently had applied for VA vocational rehabilitation, more frequently entered training. With only two exceptions veterans without useful sight made up the 142 men who were guide dog users. Almost three times as often as partially seeing men they stated that they read braille. More than three times as often they used canes. They more frequently wore plastic eyes. They were less frequently employed than were men with partial sight, but those who were employed included a higher percentage who were satisfied with their jobs. Veterans with no useful sight associated with other blind people more frequently than did partially seeing veterans.

Veterans with partial sight.—Veterans with partial sight were more frequently veterans blinded 10 years or more than were veterans with no useful sight. They were in doubt more than 2 years concerning their chances of seeing with three times the frequency found among veterans without useful sight. They kept in touch with physicians concerning their chances of seeing with much greater frequency.

They were somewhat more frequently educated to the college level than were veterans with no useful sight.

Veterans with partial sight were employed with greater frequency than were veterans with no useful sight (56.9% compared with 41.9%). They were more frequently employed by others than were veterans with no useful sight. Employed veterans with partial sight more frequently obtained employment on their own initiative or through their friends and relatives than did veterans with no useful sight, who more frequently obtained employment through VA training officers for the blind and State agencies for the blind.

Veterans with partial sight more frequently lived in rented quarters than did veterans with no useful sight.

Similarities between partially seeing and no useful sight.—Little difference was found between the percentage of partially seeing veterans and veterans without useful sight with regard to use of sighted help in jobs, difficulty arranging for the interview, ability to cope with community attitudes toward blindness, positive acceptance of life, and interview summary evaluation.

91 – part of 87 have tables

Table 12.—*Amount of sight*

Interview outline question cross-tabulated with partial sight and no useful sight	Partial sight		No useful sight	
	Number	Percent	Number	Percent
Age at time of interview (interview question 5 and date of interview):				
Total	1,094	100.0	855	100.0
Under 20	0	.0	1	.1
20–24	23	2.1	30	3.5
25–29	183	16.7	193	22.6
30–34	369	33.7	297	34.7
35–39	270	24.7	203	23.8
40 and older	249	22.8	131	15.3
Age at which visually disabled (interview questions 5 and 30):				
Total	1,094	100.0	855	100.0
Under 20	90	8.2	76	8.9
20–24	371	33.9	342	40.0
25–29	315	28.8	233	27.3
30–34	113	10.3	94	10.9
35 and older	205	18.8	110	12.9
Marital status (interview question 9):				
Total	1,094	100.0	855	100.0
Married	865	79.1	643	75.2
Never married	168	15.4	144	16.8
Widowed	6	.6	3	.4
Divorced	37	3.3	41	4.8
Separated	18	1.6	24	2.8
Dependent children (interview question 11):				
Total	1,094	100.0	855	100.0
None	409	37.4	342	40.0
1	245	22.4	163	19.1
2	235	21.5	192	22.4
3	123	11.2	105	12.3
4	55	5.0	39	4.6
5	15	1.4	11	1.3
6	9	.8	1	.1
7 or more	3	.3	2	.2
Branch of service (interview question 14):				
Total	1,094	100.0	855	100.0
Army	816	74.6	681	79.6
Navy	129	11.8	68	8.0
Air Force	72	6.6	24	2.8
Marine Corps	69	6.3	77	9.0
Coast Guard	8	.7	5	.6
Cause of blindness (interview question 27):				
Total	1,094	100.0	855	100.0
Injury	404	36.9	663	77.5
Disease	690	63.1	192	22.5

Table 12.—*Amount of sight*—Continued

Interview outline question cross-tabulated with partial sight and no useful sight	Partial sight		No useful sight	
	Number	Percent	Number	Percent
Years visually disabled (interview question 30):				
Total	1,094	100.0	855	100.0
1– 2	16	1.5	20	2.3
2– 3	25	2.3	47	5.5
3– 4	17	1.6	11	1.3
4– 5	19	1.7	13	1.5
5–10	812	74.2	717	83.9
10 years and over	205	18.7	47	5.5
Hospitals where rehabilitation was received (interview question 31):				
Total	1,094	100.0	855	100.0
Valley Forge Army General and Avon Convalescent	183	16.7	324	37.9
Dibble Army General and Avon Convalescent	49	4.5	111	13.0
Philadelphia Naval	53	4.8	88	10.3
Valley Forge Army General (incomplete)	77	7.0	27	3.2
Dibble Army General (incomplete)	33	3.0	14	1.6
Avon Convalescent	17	1.6	20	2.3
Valley Forge Army General, Dibble Army General, and Avon Convalescent	9	.8	17	2.0
VA Hospital, Hines	40	3.7	69	8.1
Valley Forge Army General and VAH, Hines	1	.1	7	.8
Dibble Army General and VAH, Hines	0	.0	2	.2
Avon Convalescent and VAH, Hines	0	.0	1	.1
Philadelphia Naval and VAH, Hines	0	.0	3	.3
Valley Forge Army General, Avon Convalescent, and VAH, Hines	0	.0	5	.6
Valley Forge Army General, Dibble Army General, Avon Convalescent, and VAH, Hines	0	.0	1	.1
Dibble Army General, Avon Convalescent, and VAH, Hines	2	.2	2	.2
Philadelphia Naval and Avon Convalescent	0	.0	3	.4
Philadelphia Naval, Avon Convalescent, and VAH, Hines	0	.0	1	.1
Other Government hospitals	65	5.9	44	5.2
None of the above	565	51.7	116	13.6
Education before blindness (interview question 33):				
Total[1]	1,090	100.0	853	100.0
Elementary school	371	34.1	290	34.0
High school	550	50.5	459	53.8
College	148	13.5	83	9.7
Graduate school	13	1.2	15	1.8
Vocational school	8	.7	6	.7

[1] Six veterans received no schooling.

Table 12.—*Amount of sight*—Continued

Interview outline question cross-tabulated with partial sight and no useful sight	Partial sight		No useful sight	
	Number	Percent	Number	Percent
Change in occupational classification since blindness (interview questions 34 and 68):				
Total	1,094	100.0	855	100.0
No change	141	12.9	67	7.8
"Upward" change	91	8.3	48	5.6
"Downward" change	77	7.0	46	5.4
"Horizontal" change	109	10.0	73	8.6
Not applicable[2]	676	61.8	621	72.6
Application for VR &E training, entrance into training, and VR &E status (interview questions 35 and 39):				
Total	1,094	100.0	855	100.0
Applied	829	75.8	687	80.4
Did not apply	265	24.2	168	19.6
Applied, did not enter	221	26.7	153	22.3
Applied and entered	608	73.3	534	77.7
"In training"	61	10.0	79	14.8
"Training interrupted"	44	7.2	21	3.9
"Training discontinued"	194	31.9	143	26.8
"Rehabilitated"	309	50.9	291	54.5
Vocational advisement (interview question 36):				
Total	1,094	100.0	855	100.0
Received	840	76.8	724	84.7
Did not receive	254	23.2	131	15.3
Length of VR &E training (interview question 38):				
Total (excluding not applicable)	604	100.0	513	100.0
0– 5 months	93	15.4	88	17.2
6–11 months	84	13.9	88	17.2
12–17 months	74	12.2	69	13.4
18–23 months	72	11.9	35	6.8
24–29 months	73	12.1	56	10.9
30–35 months	44	7.3	43	8.4
36 months and over	164	27.2	134	26.1
Type of VR &E training (interview question 38):				
Total (excluding not applicable)	604	100.0	513	100.0
On-the-job	146	24.2	123	24.0
Institutional	266	44.0	273	53.2
On-the-job and institutional	192	31.8	117	22.8
Length of time veterans remembered being in doubt about chances of seeing (interview question 45):				
Total	1,094	100.0	855	100.0
Less than 2 weeks	124	11.3	218	25.5
2– 8 weeks	90	8.2	59	6.9
2–10 months	225	20.6	90	10.5

[2] Veterans who were not employed either before or after blindness.

Table 12.—*Amount of sight*—Continued

Interview outline question cross-tabulated with partial sight and no useful sight	Partial sight		No useful sight	
	Number	Percent	Number	Percent
Length of time veterans remembered being in doubt about chances of seeing (interview question 45)—Continued				
10 months to 2 years	148	13.6	53	6.2
More than 2 years	332	30.3	93	10.9
Not applicable (no doubt)	175	16.0	342	40.0
Veterans who were keeping in touch with physician regarding eye condition (interview question 48):				
Total	1,094	100.0	855	100.0
Were keeping in touch	482	44.1	42	4.9
Were not keeping in touch	545	49.8	60	7.0
Not applicable (reported as having no residual sight)	67	6.1	753	88.1
Veterans using guide dogs at time of interview (interview question 54):				
Total	1,094	100.0	855	100.0
Did not use guide dogs	1,092	99.9	713	83.4
Used guide dogs	2	.1	142	16.6
Satisfaction with guide dog (interview question 55):				
Total	2	100.0	142	100.0
Satisfied with dog	1	50.0	140	98.6
Not satisfied with dog	1	50.0	2	1.4
Braille (interview question 56):				
Total	1,094	100.0	855	100.0
Stated they were able to read braille	186	17.0	400	46.8
Stated they were not able to read braille	908	83.0	455	53.2
Canes and types used (interview question 58):				
Total	1,094	100.0	855	100.0
Used cane	205	18.7	565	66.1
Did not use cane	889	81.3	290	33.9
Collapsible cane	41	20.0	116	20.5
White wooden cane	69	33.7	219	38.8
Long metal cane	42	20.5	146	25.8
Other type cane	53	25.8	84	14.9
Plastic eyes (interview question 59):				
Total	1,094	100.0	855	100.0
Had plastic eyes	184	16.8	507	59.3
Did not have plastic eyes	910	83.2	348	40.7
Employment status (interview question 65):				
Total	1,094	100.0	855	100.0
Working	622	56.9	358	41.9
Not working	472	43.1	497	58.1

Table 12.—*Amount of sight*—Continued

Interview outline question cross-tabulated with partial sight and no useful sight	Partial sight		No useful sight	
	Number	Percent	Number	Percent
Employer-employee relationship (interview question 66):				
Total	622	100.0	358	100.0
Self-employed	203	32.7	163	45.5
Employed by others	351	56.4	162	45.3
Other	68	10.9	33	9.2
How employment was obtained (interview question 67):				
Total	622	100.0	358	100.0
State or Federal agency	25	4.0	12	3.4
VA training officer	66	10.6	87	24.3
Other VA official	4	.6	6	1.7
State agency for the blind	21	3.4	26	7.3
Private agency for the blind	8	1.3	3	.8
Friend or relative	88	14.2	22	6.1
Own initiative	410	65.9	202	56.4
Occupational classification at time of interview (interview question 68):				
Total	622	100.0	358	100.0
Professional	69	11.1	43	12.0
Semiprofessional	10	1.6	9	2.5
Managerial and official	54	8.7	30	8.4
Clerical and sales	125	20.1	85	23.7
Service	44	7.1	7	2.0
Agricultural and kindred	101	16.2	43	12.0
Skilled	61	9.8	46	12.8
Semiskilled	75	12.1	60	16.8
Unskilled	83	13.3	35	9.8
Length of workweek of employed veterans (interview question 69):				
Total	622	100.0	358	100.0
Under 10 hours	26	4.2	16	4.5
10–19 hours	33	5.3	14	3.9
20–29 hours	51	8.2	30	8.4
30–39 hours	64	10.3	38	10.6
40–49 hours	346	55.6	207	57.8
50–59 hours	49	7.9	30	8.4
60 hours and over	53	8.5	23	6.4
Sighted help on job (interview question 71):				
Total	622	100.0	358	100.0
Required sighted help	300	48.2	181	50.6
Did not require sighted help	322	51.8	177	49.4
Job satisfaction (interview question 72):				
Total	622	100.0	358	100.0
Satisfied with job	497	79.9	309	86.3
Not satisfied with job	125	20.1	49	13.7

Table 12.—*Amount of sight*—Continued

Interview outline question cross-tabulated with partial sight and no useful sight	Partial sight		No useful sight	
	Number	Percent	Number	Percent
Job refusals (interview question 73):				
Total (concerning whom answer was obtained)	1,065	100.0	819	100.0
Refused one or more jobs	156	14.6	119	14.5
Had not refused any jobs	909	85.4	700	85.5
Living arrangement (interview question 76):				
Total	1,094	100.0	855	100.0
Own homes	655	59.9	535	62.6
Rented quarters	311	28.4	187	21.9
Living with relatives	125	11.4	131	15.3
Other than above	3	.3	2	.2
Association with other blind people (interview question 78):				
Total	1,094	100.0	855	100.0
Associated with other blind people socially	248	22.7	368	43.0
Did not associate socially with other blind people	803	73.4	451	52.8
No answer obtained	43	3.9	36	4.2
Difficulty arranging for interview (interview question 85):				
Total	1,094	100.0	855	100.0
Had no difficulty	980	89.6	777	90.9
Had great difficulty	66	6.0	53	6.2
Tried to avoid interview	48	4.4	25	2.9
Signs noted by interviewers of veterans feeling they had received too much attention from the VA (interview question 86):				
Total	1,094	100.0	855	100.0
Showed signs of thinking they had received too much attention	59	5.4	61	7.1
Did not show signs of thinking they had received too much attention	1,035	94.6	794	92.9
Appearance of confidence in ability to cope with community attitudes, as noted by interviewers (interview question 88):				
Total	1,094	100.0	855	100.0
Appeared able to cope with community attitudes	957	87.5	756	88.4
Did not appear able to cope with community attitudes	137	12.5	99	11.6
Estimate of advantage derived from hospital rehabilitation as reported by veterans to interviewers (interview question 114):				
Total	1,094	100.0	855	100.0
Felt they took full advantage	604	55.2	462	54.0
Felt they did not take full advantage	490	44.8	393	46.0

Table 12.—*Amount of Sight—Continued*

Interview outline question cross-tabulated with partial sight and no useful sight	Partial sight		No useful sight	
	Number	Percent	Number	Percent
Estimate of advantage derived from hospital rehabilitation as reported by veterans to interviewers (interview question 114)—Continued				
Felt they did not take full advantage and desired such services at time of interview	64	13.1	57	14.5
Felt they did not take full advantage and did not desire such services	426	86.9	336	85.5
Interviewers' estimates of positive attitude toward life (interview question 115):				
Total	1,094	100.0	855	100.0
Accepted life positively	900	82.3	708	82.8
Did not accept life positively	194	17.7	147	17.2
INTERVIEW SUMMARY EVALUATION (interview questions 72, 75, 86–107, and 115):				
Total	1,094	100.0	855	100.0
Score of—				
100	28	2.6	32	3.7
96	231	21.1	187	21.9
92	222	20.3	164	19.2
88	170	15.5	131	15.3
84	113	10.3	93	10.8
80	85	7.8	51	6.0
76	65	5.9	42	5.0
72 or less	180	16.5	155	18.1
Central office evaluation (based on review of all questions):				
Total	1,094	100.0	855	100.0
Clearly no need for additional VA services	505	46.2	359	42.0
Probably some need	307	28.0	220	25.7
Probably considerable need	150	13.7	137	16.0
Clearly urgent need	132	12.1	139	16.3

G. AGE AT WHICH VISUALLY DISABLED

(Simple Comparative Analysis) (Interview Questions 5 and 30)

Detailed statistical data concerning age at which veterans were visually disabled may be found in table 13, pages 88–90, and table 14, page 91.

This analysis center was not productive of large differences, though a limited number of meaningful comparisons were found.

Employed veterans who were older when blinded were reported more often satisfied with their employment than were younger groups of veterans (88.6% satisfied of the group older when blinded; 77.0% of those under 20 when blinded).

Pages 88-90 have Tables

Table 13.—*Age at which visually disabled*

Interview outline question cross-tabulated with age at which visually disabled	Under 20		20–24		25–29		30–34		35 and over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Application for VR&E training (interview question 35):										
Total	166	100.0	713	100.0	548	100.0	207	100.0	315	100.0
Did apply	142	85.5	591	82.9	433	79.0	156	75.4	194	61.6
Did not apply	24	14.5	122	17.1	115	21.0	51	24.6	121	38.4
Entrance into VR &E training (interview question 38):										
Total	142	100.0	591	100.0	433	100.0	156	100.0	194	100.0
Entered training	99	69.7	472	79.9	322	74.4	115	73.7	134	69.1
Did not enter	43	30.3	119	20.1	111	25.6	41	26.3	60	30.9
Length of VR &E training (interview question 38):										
Total	166	100.0	713	100.0	548	100.0	207	100.0	315	100.0
0– 5 months	20	12.1	63	8.9	47	8.6	18	8.7	33	10.5
6–11 months	11	6.6	67	9.4	52	9.5	29	14.0	13	4.1
12–17 months	9	5.4	58	8.1	45	8.2	14	6.8	17	5.4
18–23 months	7	4.2	45	6.3	38	6.9	6	2.9	11	3.5
24–29 months	11	6.6	56	7.9	42	7.7	5	2.4	15	4.8
30–35 months	6	3.6	40	5.6	17	3.1	9	4.3	15	4.8
36 months and over	37	22.3	130	18.2	79	14.4	24	11.6	28	8.8
Not applicable	65	39.2	254	35.6	228	41.6	102	49.3	183	58.1
VR &E status (interview question 39):										
Total	99	100.0	472	100.0	322	100.0	115	100.0	134	100.0
"In training"	12	12.2	59	12.5	43	13.4	14	12.2	12	9.0

"Training interrupted"	3	3.0	31	6.6	21	6.5	5	4.3	5	3.7
"Training discontinued"	31	31.3	136	28.8	87	27.0	32	27.8	51	38.0
"Rehabilitated"	53	53.5	246	52.1	171	53.1	64	55.7	66	49.3
Amount of sight (interview question 46):										
Total	166	100.0	713	100.0	548	100.0	207	100.0	315	100.0
Partial sight	90	54.2	371	52.0	315	57.5	113	54.6	205	65.1
No useful sight	76	45.8	342	48.0	233	42.5	94	45.4	110	34.9
Employment status (interview question 65):										
Total	166	100.0	713	100.0	548	100.0	207	100.0	315	100.0
Working	87	52.4	383	53.7	275	50.2	104	50.2	131	41.6
Not working	79	47.6	330	46.3	273	49.8	103	49.8	184	58.4
Job satisfaction (interview question 72):										
Total	87	100.0	383	100.0	275	100.0	104	100.0	131	100.0
Satisfied with job	67	77.0	311	81.2	222	80.7	90	86.5	116	88.6
Not satisfied with job	20	23.0	72	18.8	53	19.3	14	13.5	15	11.4
Association with other blind people (interview question 78):										
Total	166	100.0	713	100.0	548	100.0	207	100.0	315	100.0
Associated socially with other blind people	54	32.5	238	33.4	171	31.2	68	32.8	85	26.9
Did not associate socially with other blind people	103	62.1	447	62.7	353	64.4	131	63.3	220	69.9
No answer obtained	9	5.4	28	3.9	24	4.4	8	3.9	10	3.2
Appearance of confidence in ability to cope with community attitudes, as noted by interviewers (interview question 88):										
Total	166	100.0	713	100.0	548	100.0	207	100.0	315	100.0
Appeared able to cope with community attitudes	142	85.5	647	90.7	477	87.1	178	86.0	269	85.4
Did not appear able to cope with community attitudes	24	14.5	66	9.3	71	12.9	29	14.0	46	14.6

Table 13.—*Age at which visually disabled*—Continued

Interview outline question cross-tabulated with age at which visually disabled	Under 20		20–24		25–29		30–34		35 and over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Interviewers' estimates of positive attitude toward life (interview question 115):										
Total	166	100.0	713	100.0	548	100.0	207	100.0	315	100.0
Accepted life positively	137	82.5	601	84.3	457	83.4	160	77.3	253	80.3
Did not accept life positively	29	17.5	112	15.7	91	16.6	47	22.7	62	19.7
Interview summary evaluation (interview questions 72, 75, 86–107, and 115):										
Total	166	100.0	713	100.0	548	100.0	207	100.0	315	100.0
Score of—										
100	6	3.6	18	2.5	20	3.6	7	3.4	9	2.8
96	35	21.1	158	22.2	122	22.3	45	21.7	58	18.4
92	44	26.5	141	19.8	105	19.2	41	19.8	55	17.5
88	21	12.7	122	17.1	83	15.1	22	10.6	53	16.8
84	9	5.4	79	11.1	54	9.9	17	8.2	47	14.9
80	14	8.4	47	6.6	40	7.3	18	8.7	17	5.4
76	8	4.8	45	6.3	27	4.9	12	5.8	15	4.8
72 or less	29	17.5	103	14.4	97	17.7	45	21.8	61	19.4
Central Office evaluation—(based on review of all questions):										
Total	166	100.0	713	100.0	548	100.0	207	100.0	315	100.0
Clearly no need for additional services	78	47.0	311	43.6	249	45.4	93	44.9	133	42.2
Probably some need	35	21.1	210	29.4	150	27.4	51	24.6	81	25.7
Probably considerable need	28	16.9	106	14.9	75	13.7	32	15.5	46	14.6
Clearly urgent need	25	15.0	86	12.1	74	13.5	31	15.0	55	17.5

Veterans blinded at the age of 35 or older had partial sight most frequently when compared with other age groups. However, they were less frequently working than were veterans in younger age groups. This group less frequently applied for VR&E training than did the men in younger age groups.

Veterans blinded between the ages of 20–24 most frequently entered VR&E training (79.9% compared with a surveywide 57.4%).

Groups progressively younger at the onset of blindness stayed in training for longer periods of time. Twice as many of the group blinded between the ages of 20–24 trained for 36 months and over as did veterans blinded at the age of 35 and over.

Table 14.—*Age at which visually disabled (medians)*

Central office evaluation (based on review of all questions):	*Years*
Total	25.9
Clearly no need for additional services	25.9
Probably some need	25.7
Probably considerable need	25.7
Clearly urgent need	26.7

H. YEARS VISUALLY DISABLED *(Simple Comparative Analysis) (Interview Question 30)*

Detailed statistical information may be found in table 15, pages 92–94, and table 16, pages 94–95.

Three years or less.—Men under 25 years of age were almost exclusively men blinded 3 years or less. This group (blinded 3 years or less) had VA Vocational Rehabilitation and Education status of rehabilitated less frequently than had men blinded for longer periods of time. However, they were much more frequently in training than were veterans blinded for longer periods of time. Men blinded 3 years or less stated that they were braille readers more frequently than did men blinded for longer periods of time.

Eight and nine years.—Men blinded 8–9 years had the VA VR&E status of rehabilitated with much greater frequency than veterans blinded longer or shorter periods of time.

Years visually disabled compared with employment.—Progressively higher percentages of groups blinded for longer periods were working, viz:

	Percent Employed
0–3 years	16.9
4–7 years	44.3
8–9 years	55.9
10 years and over	59.9

Length of workweek.—The patterns formed by the number of hours worked by veterans blinded 4–7 years and 8–9 years were similar, with more than 50 percent working 40–49 hours and more than 10 percent working longer hours. A slightly higher percentage of men blinded 0–3 years worked shorter hours than the groups blinded for longer periods.

Association with other blind people.—A slightly higher percentage of men blinded 8–9 years associated with other blind people than did those blinded for shorter or longer periods of time.

92 - 95 have tables

Table 15.—*Years visually disabled*

Interview outline question cross-tabulated with years visually disabled	0–3		4–7		8–9		10 and over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age at time of interview (interview question 5 and date of interview):								
Total	136	100.0	575	100.0	986	100.0	252	100.0
Under 20	1	.7	0	.0	0	.0	0	.0
20–24	50	36.8	2	.3	1	.1	0	.0
25–29	34	25.0	153	26.6	178	18.0	11	4.4
30–34	21	15.4	192	33.4	355	36.0	98	38.8
35–39	16	11.8	127	22.1	265	26.9	65	25.8
40 and older	14	10.3	101	17.6	187	19.0	78	31.0
Education before blindness (interview question 33):								
Total	136	100.0	575	100.0	986	100.0	252	100.0
Elementary school	49	36.0	192	33.4	337	34.2	89	35.3
High school	71	52.2	313	54.4	510	51.7	129	51.2
College	16	11.8	70	12.2	139	14.1	34	13.5
Application for VR&E training (interview question 35):								
Total	136	100.0	575	100.0	986	100.0	252	100.0
Applied	93	68.4	460	80.0	774	78.5	189	75.0
Did not apply	43	31.6	115	20.0	212	21.5	63	25.0
VR&E status (interview question 39):								
Total	42	100.0	361	100.0	597	100.0	142	100.0
"In training"	20	47.6	55	15.2	57	9.5	8	5.6
"Training interrupted"	5	11.9	21	5.8	27	4.5	12	8.5
"Training discontinued"	11	26.2	111	30.8	158	26.5	57	40.1
"Rehabilitated"	6	14.3	174	48.2	355	59.5	65	45.8
Amount of sight (interview question 46):								
Total	136	100.0	575	100.0	986	100.0	252	100.0
Partial sight	58	42.6	325	56.5	506	51.3	205	81.3
No useful sight	78	57.4	250	43.5	480	48.7	47	18.7
Braille (interview question 56):								
Total	136	100.0	575	100.0	986	100.0	252	100.0
Stated they were able to read braille	66	48.5	174	30.3	314	31.9	32	12.7
Stated they were not able to read braille	70	51.5	401	69.7	672	68.1	220	87.3

Table 15.—*Years visually disabled*—Continued

Interview outline question cross-tabulated with years visually disabled	0–3		4–7		8–9		10 and over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Employment status (interview question 65):								
Total	136	100.0	575	100.0	986	100.0	252	100.0
Working	23	16.9	255	44.3	551	55.9	151	59.9
Not working	113	83.1	320	55.7	435	44.1	101	40.1
Length of workweek of employed veterans (interview question 69):								
Total	23	100.0	255	100.0	551	100.0	151	100.0
Under 10 hours	0	.0	15	5.9	22	4.0	5	3.4
10–19 hours	4	17.4	11	4.3	21	3.8	11	7.3
20–29 hours	2	8.7	28	11.0	36	6.5	15	9.9
30–39 hours	2	8.7	26	10.2	50	9.1	24	15.9
40–49 hours	13	56.5	141	55.3	333	60.4	66	43.7
50–59 hours	2	8.7	18	7.0	44	8.0	15	9.9
60 hours and over	0	.0	16	6.3	45	8.2	15	9.9
Job satisfaction (interview question 72):								
Total	23	100.0	255	100.0	551	100.0	151	100.0
Satisfied with job	19	82.6	204	80.0	454	82.4	129	85.4
Not satisfied with job	4	17.4	51	20.0	97	17.6	22	14.6
Association with other blind people (interview question 78):								
Total	136	100.0	575	100.0	986	100.0	252	100.0
Associated socially with other blind people	42	30.9	161	28.0	357	36.2	56	22.2
Did not associate socially with other blind people	90	66.2	389	67.7	590	59.8	185	73.4
No answer obtained	4	2.9	25	4.3	39	4.0	11	4.4
Appearance of confidence in ability to cope with community attitudes, as noted by interviewers (interview question 88):								
Total	136	100.0	575	100.0	986	100.0	252	100.0
Appeared able to cope with community attitudes	115	84.6	495	86.1	879	89.2	224	88.9
Did not appear able to cope with community attitudes	21	15.4	80	13.9	107	10.8	28	11.1

Table 15.—*Years visually disabled*—Continued

Interview outline question cross-tabulated with years visually disabled	0–3		4–7		8–9		10 and over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Interviewers' estimates of positive attitude toward life (interview question 115):								
Total	136	100.0	575	100.0	986	100.0	252	100.0
Accepted life positively	93	68.4	467	81.2	836	84.7	212	84.1
Did not accept life positively	43	31.6	108	18.8	150	15.3	40	15.9
Interview summary evaluation (interview questions 72, 75, 86–107, and 115):								
Total	136	100.0	575	100.0	986	100.0	252	100.0
Score of—								
100	1	.7	20	3.5	32	3.3	7	2.8
96	27	19.9	125	21.7	218	22.1	48	19.0
92	14	10.3	106	18.4	210	21.3	56	22.2
88	23	16.9	72	12.5	168	17.0	38	15.1
84	14	10.3	62	10.8	97	9.8	33	13.1
80	9	6.6	38	6.6	67	6.8	22	8.7
76	8	5.9	28	4.9	64	6.5	7	2.8
72 or less	40	29.4	124	21.6	130	13.2	41	16.3

Table 16.—*Years visually disabled (medians)*

	Years
Age at time of interview (interview question 5 and date of interview):	
Total	8.5
Under 20 (Not computed—fewer than 25 veterans.)	
20–24	2.6
25–29	8.0
30–34	8.7
35–39	8.7
40 and over	8.8
Hospitals where rehabilitation was received (interview question 31):	
Total	8.5
Valley Forge Army General and Avon Old Farms Convalescent	8.6
Dibble Army General and Avon Old Farms Convalescent	8.5
Philadelphia Naval	8.7
Valley Forge Army General	8.4
Dibble Army General	8.9
Avon Old Farms Convalescent	8.8
Other	8.5
None	8.6
Hines:	
Completed	3.9
Incomplete	3.8

Table 16.—*Years visually disabled (medians)*—Continued

	Years
Application for VR&E training and VR&E status (interview questions 35 and 39):	
Total	8.5
Applied	8.6
Did not apply	8.5
Applied and entered training	8.4
Applied and did not enter training	8.6
"In training"	7.8
"Training interrupted"	8.5
"Training discontinued"	8.6
"Rehabilitated"	8.7
Amount of sight (interview question 46):	
Total	8.5
Partial sight	8.6
No useful sight	8.5
Braille (interview question 56):	
Total	8.5
Stated they were able to read braille	8.3
Stated they were not able to read braille	8.6
Employment status (interview question 65):	
Total	8.5
Working	8.8
Not working	8.2
Job satisfaction (interview question 72):	
Total	8.8
Satisfied with job	8.8
Not satisfied with job	8.7
Association socially with other blind people (interview question 78):	
Total	8.5
Did associate socially	8.5
Did not associate socially	8.6
Appearance of confidence in ability to cope with community attitudes, as noted by interviewers (interview question 88):	
Total	8.5
Able to cope with community attitudes	8.6
Did not appear able to cope with community attitudes	8.3
Interviewer's estimate of positive attitude toward life (interview question 115):	
Total	8.5
Accepted life positively	8.6
Did not accept life positively	8.3

I. HOSPITALS WHERE REHABILITATION TREATMENT WAS RECEIVED

(Simple Comparative Analysis) (Interview Question 31)

Dissimilarities by type of hospital rehabilitation treatment, which are directly concerned with the focal point of this study are analyzed in great detail on page 182, Special Focal Points. Here it is demonstrated in some detail that a special course of hospital rehabilitation as provided in Government hospitals produced more positive results with regard to employment, job satisfaction, ability to cope with community attitudes toward blindness, positive acceptance of life despite the handicap (as noted by interviewers), and less need for additional VA services. For tables showing detailed statistics on hospitals, see page 187.

J. VETERANS ADMINISTRATION VOCATIONAL REHABILITATION AND EDUCATION STATUS *(Simple Comparative Analysis)*

(Interview Question 39)

Detailed statistical information may be found in table 17, pages 97–100, and table 18, page 100, regarding VR&E status.

Veterans with status of rehabilitated.—Veterans with the VR&E status of rehabilitated (600), when compared on a percentage basis with veterans who had the status of training discontinued and training interrupted (402), included a greater percentage who were married, who had been blinded by injury, who had been blind for 8–9 years, had upward change or no change of occupational status (see p. 98), stated that they were able to read braille, were employed, had obtained employment through a VA training officer, were estimated to accept life positively, had higher Interview Summary Evaluation scores, had no need for additional VA services.

Veterans with status of training interrupted and training discontinued.—Among veterans who interrupted or discontinued training it was found that there was a higher percentage showing a downward change occupationally. A higher percentage had obtained employment through friends or relatives or on their own initiative than those with the status of rehabilitated. Twice as often they had an urgent need for additional VA services.

K. DOUBT ABOUT CHANCES OF SEEING

(Simple Comparative Analysis) (Interview Question 45)

Detailed statistical data regarding doubt about chances of seeing may be found in table 19, pages 102–104, and table 20, pages 105 and 106.

Veterans reported as experiencing a period of doubt regarding their chances of seeing, of whom there were 1,432, were more than twice as frequently blinded by disease and almost twice as often had partial sight as veterans who experienced no period of doubt.

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Table 17.—*Vocational rehabilitation and education status*

Interview outline question cross-tabulated with VR & E status	Training discontinued or interrupted		Rehabilitated	
	Number	Percent	Number	Percent
Age at time of interview (interview question 5 and date of interview):				
Total	402	100.0	600	100.0
Under 20	0	.0	0	.0
20–24	4	1.0	1	.2
25–29	76	18.9	129	21.5
30–34	165	41.1	225	37.5
35–39	89	22.1	157	26.1
40 and older	68	16.9	88	14.7
Age at which visually disabled (interview questions 5 and 30):				
Total	402	100.0	600	100.0
Under 20	34	8.5	53	8.8
20–24	167	41.5	246	41.0
25–29	108	26.9	171	28.5
30–34	37	9.2	64	10.7
35 and older	56	13.9	66	11.0
Marital status (interview question 9):				
Total	402	100.0	600	100.0
Married	311	77.4	522	87.0
Never married	55	13.7	52	8.7
Widowed	1	.2	0	.0
Divorced	15	3.7	15	2.5
Separated	20	5.0	11	1.8
Branch of service (interview question 14):				
Total	402	100.0	600	100.0
Army	304	75.6	455	75.8
Navy	40	10.0	58	9.7
Air Force	24	6.0	23	3.8
Marine Corps	31	7.7	60	10.0
Coast Guard	3	.7	4	.7
Cause of blindness (interview question 27):				
Total	402	100.0	600	100.0
Injury	186	46.3	375	62.5
Disease	216	53.7	225	37.5
Years visually disabled (interview question 30):				
Total	402	100.0	600	100.0
0–1	1	.2	0	.0
2–3	15	3.7	6	1.0
4–5	18	4.5	19	3.2
6–7	114	28.4	155	25.8
8–9	185	46.0	355	59.2
10 or more	69	17.2	65	10.8

Table 17.—*Vocational rehabilitation and education status*—Continued

Interview outline question cross-tabulated with VR &E status	Training discontinued or interrupted		Rehabilitated	
	Number	Percent	Number	Percent
Change in occupational classification since blindness (interview questions 34 and 68):				
Total	114	100.0	281	100.0
No change	23	20.2	87	31.0
"Upward" change	21	18.4	69	24.5
"Downward" change	33	28.9	37	13.2
"Horizontal" change	37	32.5	88	31.3
Length of time veterans remembered being in doubt about chances of seeing (interview question 45):				
Total	402	100.0	600	100.0
Less than 2 weeks	77	19.2	105	17.6
2– 8 weeks	25	6.2	59	9.8
2–10 months	66	16.4	92	15.3
10 months to 2 years	43	10.7	54	9.0
More than 2 years	104	25.9	123	20.5
Not applicable (no doubt)	87	21.6	167	27.8
Amount of sight (interview question 46):				
Total	402	100.0	600	100.0
Partial sight	238	59.2	309	51.5
No useful sight	164	40.8	291	48.5
Braille (interview question 56):				
Total	402	100.0	600	100.0
Stated they were able to read braille	120	29.9	229	38.2
Stated they were not able to read braille	282	70.1	371	61.8
Employment status (interview question 65):				
Total	402	100.0	600	100.0
Working	164	40.8	449	74.8
Not working	238	59.2	151	25.2
How employment was obtained (interview question 67):				
Total	164	100.0	449	100.0
State or Federal employment agency	6	3.7	16	3.6
VA training officer	17	10.4	94	20.9
Other VA official	3	1.8	6	1.3
State agency for the blind	7	4.3	31	6.9
Private agency for the blind	1	.6	8	1.8
Friend or relative	27	16.4	34	7.6
Own initiative	103	62.8	260	57.9
Length of workweek of employed veterans (interview question 69):				
Total	164	100.0	449	100.0
Under 10 hours	6	3.7	15	3.3
10–19 hours	11	6.7	25	5.6
20–29 hours	17	10.4	28	6.3

Table 17.—*Vocational rehabilitation and education status*—Continued

Interview outline question cross-tabulated with VR & E status	Training discontinued or interrupted		Rehabilitated	
	Number	Percent	Number	Percent
Length of workweek of employed veterans (interview question 69)—Continued				
30–39 hours	16	9.8	50	11.1
40–49 hours	101	61.6	252	56.1
50–59 hours	5	3.0	40	8.9
60 hours and over	8	4.8	39	8.7
Job satisfaction (interview question 72):				
Total employed	164	100.0	449	100.0
Satisfied with job	123	75.0	377	84.0
Not satisfied with job	41	25.0	72	16.0
Job refusals (interview question 73):				
Total	402	100.0	600	100.0
Had refused jobs	57	14.2	91	15.2
Had not refused jobs	331	82.3	503	83.8
Not reported	14	3.5	6	1.0
Difficulty arranging for interview (interview question 85):				
Total	402	100.0	600	100.0
Had no difficulty	361	89.8	534	89.0
Had difficulty	21	5.2	46	7.7
Tried to avoid interview	20	5.0	20	3.3
Estimate of advantage derived from hospital rehabilitation as reported by veterans to interviewers (interview question 114):				
Total	402	100.0	600	100.0
Felt they took full advantage	203	50.5	325	54.2
Felt they did not take full advantage	199	49.5	275	45.8
Felt they had not taken full advantage and desired such services at the time of interview	30	15.1	37	13.5
Felt they had not taken full advantage and did not desire such services	169	84.9	238	86.5
Interviewer's estimate of positive attitude toward life (interview question 115):				
Total	402	100.0	600	100.0
Accepted life positively	310	77.1	549	91.5
Did not accept life positively	92	22.9	51	8.5
INTERVIEW SUMMARY EVALUATION (interview questions 72, 75, 86–107, and 115):				
Total	402	100.0	600	100.0
100	5	1.2	32	5.3
96	55	13.7	179	29.8

Table 17.—*Vocational rehabilitation and education status*—Continued

Interview outline question cross-tabulated with VR & E status	Training discontinued or interrupted		Rehabilitated	
	Number	Percent	Number	Percent
92	75	18.7	134	22.3
88	57	14.2	96	16.0
84	59	14.7	44	7.3
80	33	8.2	37	6.3
76	27	6.7	24	4.0
72 or less	91	22.6	54	9.0
Central office evaluation (based on review of all questions):				
Total	402	100.0	600	100.0
Clearly no need for additional services	126	31.3	361	60.2
Probably some need	130	32.3	139	23.2
Probably considerable need	81	20.2	57	9.4
Clearly urgent need	65	16.2	43	7.2

End table

Table 18.—*Length of VR&E training (medians)*

	Months
Employment status (interview question 65):	
Total	21.5
Working	25.3
Not working	16.8
Job satisfaction (interview question 72):	
Total	25.3
Satisfied with job	26.0
Not satisfied with job	22.9

The group remembering no period of doubt, of whom there were 517, were a little less frequently employed than those remembering a period of doubt, but not less frequently employed to an extent commensurate with their proportion of veterans without useful sight, there being 48 percent employed among this group, whereas the survey wide group of veterans without useful sight included 41.8 percent employed.

In certain other respects this group of veterans who remembered no period of doubt present a slightly more positive picture than does the group who remembered a period of doubt despite the fact that fewer of them had sight.

	Remembered period of doubt	Remembered no period of doubt
Satisfied with job	80.9	86.3
Felt they took full advantage of hospital rehabilitation	53.7	57.4
"In training"	11.8	13.6
"Training interrupted"	5.9	5.1
"Training discontinued"	31.2	24.5
"Rehabilitated"	51.1	56.8

Two important criteria of the interviewers' estimates were (1) positive acceptance of life and (2) the interview summary evaluation score.

In positive acceptance of life the median number of months members of the survey group who accepted life positively were in doubt about their chances of seeing was 7.4 months. The median number of months members of the survey group who did not accept life positively were in doubt was 8.7 months.

When medians are examined with regard to interview summary evaluation score, as related to the number of months in doubt, there is considerable evidence that months in doubt have important emotional results.

	Months
100	6.6
96	5.8
92	7.5
88	7.3
84	8.6
80	12.0
76	9.2
72 or less	9.0

("Not applicable" is not included.)

Turning to the vocational picture as it is related to time in doubt regarding chances of seeing, of the entire group 50.3 percent were working, and this working group showed a median of 7.7 months in doubt about chances of seeing. Those who were employed showed a median of 7.4 months; found their jobs satisfying, 7.0 months; did not find their jobs satisfying, 9.1 months; those who were unemployed, 8.0 months. Once again positive patterns appear closely interwoven with shorter periods of doubt.

L. EMPLOYMENT STATUS *(Simple Comparative Analysis)* *(Interview Question 65)*

Statistical data regarding employment status may be found in table 21, pages 107–109.

A diversified analysis of data related to employment may also be found on page 154.

VA Pamphlet 7–10, Occupations of Totally Blinded Veterans, prepared by the VA Department of Veterans Benefits, is a detailed review of employment circumstances of individual veterans without useful sight, originating with the listing obtained in this study. It includes small

Table 19.—*Doubt about chances of seeing*

Interview outline question cross-tabulated with doubt about chances of seeing	Period of doubt reported		No period of doubt reported	
	Number	Percent	Number	Percent
Cause of blindness (interview question 27):				
Total	1,432	100.0	517	100.0
Injury	671	46.9	396	76.6
Disease	761	53.1	121	23.4
Hospitals where rehabilitation was received (interview question 31):				
Total	1,432	100.0	517	100.0
Valley Forge Army General and Avon Convalescent	340	23.8	167	32.3
Dibble Army General and Avon Convalescent	102	7.1	58	11.2
Philadelphia Naval	89	6.2	52	10.1
Valley Forge Army General (incomplete)	83	5.8	21	4.0
Dibble Army General (incomplete)	31	2.2	16	3.1
Avon Convalescent	31	2.2	6	1.2
Valley Forge Army General, Dibble Army General, and Avon Convalescent	18	1.3	8	1.5
VA Hospital, Hines	76	5.3	33	6.4
Valley Forge Army General and VAH, Hines	6	.4	2	.4
Dibble Army General and VAH, Hines	2	.1	0	.0
Avon Convalescent and VAH, Hines	1	.07	0	.0
Philadelphia Naval and VAH, Hines	2	.1	1	.2
Valley Forge Army General, Avon Convalescent, and VAH, Hines	2	.1	3	.6
Valley Forge Army General, Dibble Army General, Avon Convalescent, and VAH, Hines	0	.0	1	.2
Dibble Army General, Avon Convalescent, and VAH, Hines	2	.1	2	.4
Philadelphia Naval and Avon Convalescent	2	.1	1	.2
Philadelphia Naval, Avon Convalescent, and VAH, Hines	0	.0	1	.2
Other Government hospitals	85	6.0	24	4.6
None of the above	560	39.2	121	23.4
Change in occupational classification since blindness (interview questions 34 and 68):				
Total	492	100.0	160	100.0
No change	158	32.1	50	31.2
"Upward" change	104	21.1	35	21.9
"Downward" change	92	18.7	31	19.4
"Horizontal" change	138	28.1	44	27.5
Application for VR&E training (interview question 35):				
Total	1,432	100.0	517	100.0
Did apply	1,123	78.4	393	76.0
Did not apply	309	21.6	124	24.0

Table 19.—*Doubt about chances of seeing*—Continued

Interview outline question cross-tabulated with doubt about chances of seeing	Period of doubt reported		No period of doubt reported	
	Number	Percent	Number	Percent
VR &E status (interview question 39):				
Total	848	100.0	294	100.0
"In training"	100	11.8	40	13.6
"Training interrupted"	50	5.9	15	5.1
"Training discontinued"	265	31.2	72	24.5
"Rehabilitated"	433	51.1	167	56.8
Amount of sight (interview question 46):				
Total	1,432	100.0	517	100.0
Partial sight	919	64.2	175	33.8
No useful sight	513	35.8	342	66.2
Veterans who were keeping in touch with physician regarding eye condition (interview question 48):				
Total (with residual vision)	952	100.0	177	100.0
Keeping in touch	437	45.9	87	49.2
Not keeping in touch	515	54.1	90	50.8
Employment status (interview question 65):				
Total	1,432	100.0	517	100.0
Working	732	51.1	248	48.0
Not working	700	48.9	269	52.0
Job satisfaction (interview question 72):				
Total	732	100.0	248	100.0
Satisfied with job	592	80.9	214	86.3
Not satisfied with job	140	19.1	34	13.7
Job refusals (interview question 73):				
Total	1,432	100.0	517	100.0
Had refused one or more jobs	202	14.1	73	14.1
Had not refused one or more jobs	1,184	82.7	425	82.2
Not reported	46	3.2	19	3.7
Association socially with other blind people (interview question 78):				
Total	1,432	100.0	517	100.0
Did associate socially	444	31.0	172	33.3
Did not associate socially	943	65.9	311	60.2
Not reported	45	3.1	34	6.5
Estimate of advantage derived from hospital rehabilitation as reported by veterans to interviewers (interview question 114):				
Total	1,432	100.0	517	100.0
Felt they took full advantage	769	53.7	297	57.4
Felt they did not take full advantage	663	46.3	220	42.6

Table 19.—*Doubt about chances of seeing*—Continued

Interview outline question cross-tabulated with doubt about chances of seeing	Period of doubt reported		No period of doubt reported	
	Number	Percent	Number	Percent
Advantage of hospital rehabilitation—Continued				
Felt they had not taken full advantage and desired such services at the time of interview	99	14.9	22	10.0
Felt they had not taken full advantage and did not desire such services	564	85.1	198	90.0
Interviewers' estimates of positive attitude toward life (interview question 115): Total	1,432	100.0	517	100.0
Accepted life positively	1,178	82.3	430	83.2
Did not accept life positively	254	17.7	87	16.8
Interview summary evaluation (interview questions 72, 75, 86–107, and 115): Total	1,432	100.0	517	100.0
100	45	3.1	15	2.9
96	300	21.0	118	22.8
92	282	19.7	104	20.1
88	225	15.7	76	14.7
84	159	11.1	47	9.1
80	99	6.9	37	7.2
76	78	5.5	29	5.6
72 or less	244	17.0	91	17.6

numbers of veterans not in the original listing, but essentially is identical with the listing of employed veterans having no useful sight, shown throughout this report.

Simple comparative analysis will show certain major trends.

Veterans who were employed included a higher percentage of veterans from 30–34 years of age than did unemployed veterans. A higher percentage had partial sight. They were more often married (86.7% compared with 67.9%). They more often had dependent children. They were better educated with greater frequency.

Veterans who were employed included a higher percentage of veterans who had had on-the-job training than did the unemployed, more had had VA Vocational Rehabilitation and Education training for greater periods of time.

Veterans who were employed had a greater proportion with higher interview summary evaluation scores than did unemployed veterans. They had no need for additional VA services with much greater frequency (70.7% compared with 17.6%).

Table 20.—*Length of time in doubt about chances of seeing (medians)*

Cause of blindness (interview question 27):	
Total	7.7 months
Injury	6.9 weeks
Disease	17.1 months
Hospitals where rehabilitation was received (interview question 31):	
Total	7.7 months
Valley Forge Army General and Avon Old Farms Convalescent	4.9 weeks
Dibble Army General and Avon Old Farms Convalescent	2.0 months
Philadelphia Naval	4.2 months
Valley Forge Army General	7.7 months
Dibble Army General	6.9 months
Avon Old Farms Convalescent	6.5 months
Other	7.7 months
None	20.5 months
Hines:	
Completed	7.8 months
Incomplete	8.4 months
Change in occupational classification since blindness (interview questions 34 and 68):	
Total	7.7 months
No change	7.8 months
"Upward" change	8.3 months
"Downward" change	8.0 months
"Horizontal" change	7.4 months
Not applicable	7.7 months
Application for VR & E training and VR & E status (interview questions 35 and 39):	
Total	7.7 months
Applied	7.4 months
Did not apply	7.8 months
Applied and entered	7.8 months
Applied but did not enter	7.8 months
"In training"	13.2 months
"Training interrupted"	8.9 months
"Training discontinued"	8.8 months
"Rehabilitated"	6.6 months
Amount of sight (interview question 46):	
Total	7.7 months
Partial sight	12.0 months
No useful sight	6.0 weeks
Veterans who were keeping in touch with physician regarding eye condition (interview question 48):	
Total	7.7 months
Without residual sight	6.4 weeks
With residual sight	11.7 months
With residual sight and keeping in touch with physician	17.3 months
With residual sight and not keeping in touch with physician	8.8 months

Table 20.—*Length of time in doubt about chances of seeing (medians)*—Con.

Employment status (interview question 65):	
Total	7.7 months
Working	7.4 months
Not working	8.0 months
Job satisfaction (interview question 72):	
Total	7.4 months
Satisfied with job	7.0 months
Not satisfied with job	9.1 months
Job refusals (interview question 73):	
Total	7.7 months
Refused jobs	8.2 months
Had not refused jobs	7.8 months
No answer obtained	5.7 months
Association socially with other blind people (interview question 78):	
Total	7.7 months
Associated socially	5.1 months
Did not associate socially	8.6 months
No answer obtained	16.2 months
Estimate of advantage derived from hospital rehabilitation and whether such service desired at time of interview (interview question 114):	
Total	7.7 months
Felt they took full advantage	8.7 months
Felt they did not take full advantage	6.5 months
Felt they had not taken full advantage and desired such services at time of interview	5.8 months
Felt they had not taken full advantage and did not desire such services	6.6 months
Interviewers' estimates of positive attitude toward life (interview question 115):	
Total	7.7 months
Accepted life positively	7.4 months
Did not accept life positively	8.7 months
Interview summary evaluation (interview questions 72, 75, 86–107, and 115):	
Total	7.7 months
Score of—	
100	6.6 months
96	5.8 months
92	7.5 months
88	7.3 months
84	8.6 months
80	12.0 months
76	9.2 months
72 or less	9.0 months

Table 21.—*Employment status*

Interview outline question cross-tabulated with employment status	Employed		Not employed	
	Number	Percent	Number	Percent
Age at time of interview (interview question 5 and date of interview):				
Total	980	100.0	969	100.0
Under 20	0	.0	1	.1
20–24	6	.6	47	4.9
25–29	187	19.1	189	19.5
30–34	367	37.4	299	30.9
35–39	249	25.5	224	23.0
40 and older	171	17.4	209	21.6
Age at which visually disabled (interview questions 5 and 30):				
Total	980	100.0	969	100.0
Under 20	87	8.9	79	8.2
20–24	383	39.1	330	34.1
25–29	275	28.1	273	28.2
30–34	104	10.5	103	10.5
35 and older	131	13.4	184	19.0
Marital status (interview question 9):				
Total	980	100.0	969	100.0
Married	850	86.7	658	67.9
Never married	94	9.6	218	22.5
Widowed	2	.2	7	.7
Divorced	25	2.6	53	5.5
Separated	9	.9	33	3.4
Dependent children (interview question 11):				
Total	980	100.0	969	100.0
Had no children	283	28.9	468	48.3
Had one or more children	697	71.1	501	51.7
Cause of blindness (interview question 27):				
Total	980	100.0	969	100.0
Injury	518	52.9	549	56.7
Disease	462	47.1	420	43.3
Years visually disabled (interview question 30):				
Total	980	100.0	969	100.0
0–1	4	.4	32	3.3
2–3	19	1.9	81	8.4
4–5	37	3.8	49	5.0
6–7	218	22.3	271	28.0
8–9	551	56.2	435	44.9
10 or more	151	15.4	101	10.4

Table 21.—*Employment status*—Continued

Interview outline question cross-tabulated with employment status	Employed		Not employed	
	Number	Percent	Number	Percent
Education before blindness (interview question 33):				
Total	980	100.0	969	100.0
Elementary school	250	25.5	411	42.4
High school	552	56.3	457	47.2
College	148	15.2	83	8.6
Graduate	22	2.2	6	.6
Vocational	7	.7	7	.7
No schooling	1	.1	5	.5
Application for VR &E training (interview question 35):				
Total	980	100.0	969	100.0
Did apply	783	79.9	733	75.6
Did not apply	197	20.1	236	24.4
Type of VR &E training (interview question 38):				
Total (excluding not applicable)	616	100.0	501	100.0
On-the-job	165	26.8	104	20.8
Institutional	268	43.5	271	54.1
On-the-job and institutional	183	29.7	126	25.1
Length of VR &E training (interview question 38):				
Total (excluding not applicable)	616	100.0	501	100.0
1– 5 months	81	13.1	100	19.9
6–11 months	72	11.7	100	19.9
12–17 months	79	12.8	64	12.8
18–23 months	59	9.6	48	9.6
24–29 months	81	13.1	48	9.6
30–35 months	52	8.5	35	7.0
36 months and over	192	31.2	106	21.2
VR &E status (interview question 39):				
Total having VR &E status	646	100.0	496	100.0
"In training"	33	5.1	107	21.6
"Training interrupted"	22	3.4	43	8.7
"Training discontinued"	142	22.0	195	39.3
"Rehabilitated"	449	69.5	151	30.4
Length of time veterans remembered being in doubt about chances of seeing (interview question 45):				
Total	980	100.0	969	100.0
Less than 2 weeks	171	17.4	171	17.6
2– 8 weeks	87	8.9	62	6.4
2–10 months	160	16.3	155	16.0
10 months to 2 years	90	9.2	111	11.5
More than 2 years	224	22.9	201	20.7
Not applicable (no doubt)	248	25.3	269	27.8

Table 21.—*Employment status*—Continued

Interview outline question cross-tabulated with employment status	Employed		Not employed	
	Number	Percent	Number	Percent
Amount of sight (interview question 46):				
Total	980	100.0	969	100.0
Partial sight	622	63.5	472	48.7
No useful sight	358	36.5	497	51.3
Veterans using guide dogs at time of interview (interview question 54):				
Total	980	100.0	969	100.0
Used guide dog	68	6.9	76	7.8
Did not use guide dog	912	93.1	893	92.2
Braille (interview question 56):				
Total	980	100.0	969	100.0
Stated they were able to read braille	291	29.7	295	30.4
Stated they were not able to read braille	689	70.3	674	69.6
Job refusals (interview question 73):				
Total	980	100.0	969	100.0
Had refused jobs	137	14.0	138	14.2
Had not refused jobs	840	85.7	769	79.4
No answer obtained	3	.3	62	6.4
Difficulty arranging for interview (interview question 85):				
Total	980	100.0	969	100.0
Had no difficulty	855	93.1	902	87.2
Had great difficulty	93	2.7	26	9.5
Tried to avoid interview	32	4.2	41	3.3
Interviewers' estimates of positive attitude toward life (interview question 115):				
Total	980	100.0	969	100.0
Accepted life positively	912	93.1	696	71.8
Did not accept life positively	68	6.9	273	28.2
Interview summary evaluation (interview questions 72, 75, 86–107, and 115):				
Total	980	100.0	969	100.0
Score of—				
100	45	4.6	15	1.5
96	289	29.5	129	13.3
92	237	24.2	149	15.4
88	168	17.1	133	13.7
84	84	8.6	122	12.6
80	53	5.4	83	8.6
76	35	3.6	72	7.4
72 or less	69	7.0	266	27.5
Central office evaluation (based on review of all questions):				
Total	980	100.0	969	100.0
Clearly no need for additional VA services	693	70.7	171	17.6
Probably some need	206	21.0	321	33.2
Probably considerable need	54	5.5	233	24.0
Clearly urgent need	27	2.8	244	25.2

M. LENGTH OF WORK WEEK *(Simple Comparative Analysis) (Interview Question 69)*

Statistical data regarding groups by the number of hours worked per week may be found in Table 22, pages 111–113 and table 23, page 113.

Forty hours or more.—Veterans working 40 hours a week or more included a larger percentage who had dependent children than veterans who worked shorter hours, a greater percentage who had been blind for 8–9 years, a greater percentage who appeared to accept life positively than subgroups who worked for shorter periods of time.

Fewer than 40 hours.—Veterans who worked fewer than 40 hours a week included a smaller proportion satisfied with their jobs than was found among veterans working 40–49 hours per week, who in turn less frequently enjoyed job satisfaction than did veterans working 50 hours a week or more.

Subgroups of veterans who worked fewer than 40 hours a week and 50 hours and over included a larger proportion who had secured their jobs on their own initiative than did subgroups working 40–49 hours a week.

N. INTERVIEW SUMMARY EVALUATION *(Simple Comparative Analysis) (Interview Questions 72, 75, 86–107 and 115)*

Statistical data regarding major groupings by interview summary evaluation may be found in table 24, pages 114–118 and table 25, page 118.

Subgroups of veterans with high interview summary evaluation scores included higher percentages of veterans in the 25-29 year age group at time of interview, married men, men with dependent children, men blinded by injury, men blinded for 8–9 years, men better educated, men who applied for VR&E training, men with VR&E status of rehabilitated, men who stated they were able to read braille, who were working, who were satisfied with their jobs, who were in the occupational categories of professional, semiprofessional, managerial and official, agricultural and kindred, who lived in their own homes, who associated with other blind people, who had no difficulty arranging for the interview, who stated that they felt able to cope with community attitudes toward blindness, and who had no need of additional VA services.

Of the 864 men with a score of 92–100, approximately the same proportion had no useful sight as had the group of 335 veterans with a score of 72 or less. The former group, however, showed three times the percentage of veterans who were working. Almost twice as many had the VR&E status of rehabilitated. Twice as many were satisfied with their jobs. Almost twice as many were able to cope satisfactorily with community attitudes toward blindness. Four times as many showed a positive acceptance of life. Ten times as many had no need for additional VA services in the opinion of the central office reviewer of all interview outlines.

Pages 111 – 130 have Tables

Table 22.—*Length of workweek*

Interview outline question cross-tabulated with length of workweek	Under 40 hours		40–49 hours		50 hours and over	
	Number	Percent	Number	Percent	Number	Percent
Dependent children (interview question 11):						
Total	272	100.0	553	100.0	155	100.0
Had children	178	65.4	406	73.4	113	72.9
Had no children	94	34.6	147	26.6	42	27.1
Years visually disabled (interview question 30):						
Total	272	100.0	553	100.0	155	100.0
0–1	2	.7	2	.4	0	.0
2–3	6	2.2	11	2.0	2	1.3
4–5	14	5.2	17	3.1	6	3.9
6–7	66	24.3	124	22.4	28	18.1
8–9	129	47.4	333	60.2	89	57.4
10 or more	55	20.2	66	11.9	30	19.3
Amount of sight (interview question 46):						
Total	272	100.0	553	100.0	155	100.0
Partial sight	174	64.0	346	62.6	102	65.8
No useful sight	98	36.0	207	37.4	53	34.2
How employment was obtained (interview question 67):						
Total	272	100.0	553	100.0	155	100.0
State or Federal employment agency	6	2.2	29	5.2	2	1.3
VA training officer	24	8.9	112	20.3	17	11.0
Other VA official	2	.7	6	1.1	2	1.3
State agency for the blind	6	2.2	35	6.3	6	3.9
Private agency for the blind	2	.7	7	1.3	2	1.3
Friend or relative	53	19.5	43	7.8	14	9.0
Own initiative	179	65.8	321	58.0	112	72.2
Job satisfaction (interview question 72):						
Total	272	100.0	553	100.0	155	100.0
Satisfied with job	211	77.6	458	82.8	137	88.4
Not satisfied with job	61	22.4	95	17.2	18	11.6
Interviewers' estimates of positive attitude toward life (interview question 115):						
Total	272	100.0	553	100.0	155	100.0
Accepted life positively	243	89.3	523	94.6	146	94.2
Did not accept life positively	29	10.7	30	5.4	9	5.8

Table 23.—*Length of workweek (medians)*
(Unemployed Veterans Excluded for Computation)

	Hours
Dependent children (interview question 11)	
Total	43.9
Had children	43.2
Did not have children	44.2
Years visually disabled (interview question 30):	
Total	43.9
0–1 (Not computed—fewer than 25 veterans)	
2–3 (Not computed—fewer than 25 veterans)	
4–5	42.6
6–7	43.5
8–9	44.4
10 or more	43.1
Hospitals where rehabilitation was received (interview question 31):	
Total	43.9
Valley Forge Army General and Avon Old Farms Convalescent	44.2
Dibble Army General and Avon Old Farms Convalescent	45.2
Philadelphia Naval	44.6
Valley Forge Army General	42.2
Dibble Army General	44.1
Avon Old Farms Convalescent (Not computed—fewer than 25 veterans)	
Other	43.6
None	43.4
Hines:	
Completed (Not computed—fewer than 25 veterans)	
Incomplete (Not computed—fewer than 25 veterans)	
Entrance into VR &E training and VR &E status (interview question 39):	
Total	43.9
Entered training	43.8
Did not enter training	44.3
"In training"	42.9
"Training interrupted"	44.6
"Training discontinued"	42.9
"Rehabilitated"	44.2
Amount of sight (interview question 46):	
Total	43.9
Partial sight	44.0
No useful sight	43.9
Job satisfaction (interview question 72):	
Total	43.9
Satisfied with job	44.2
Not satisfied with job	42.7
Interviewers' estimates of positive attitude toward life (interview question 115):	
Total	43.9
Accepted life positively	44.1
Did not accept life positively	41.3

Table 23.—*Length of workweek (medians)*—Continued

	Hours
Interview Summary Evaluation (interview questions 72, 75, 86–107, and 115):	
Total	43.9
Score of—	
100	44.8
96	44.8
92	44.4
88	43.8
84	42.4
80	42.7
76	44.8
72 or less	41.9

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Table 24.—*Interview summary evaluation*

Interview outline question cross-tabulated with interview summary evaluation	92–100		76–88		72 or less	
	Number	Percent	Number	Percent	Number	Percent
Age at time of interview (interview question 5 and date of interview):						
Total	864	100.0	750	100.0	335	100.0
Under 20	0	.0	0	.0	1	.3
20–24	16	1.9	21	2.8	16	4.8
25–29	187	21.6	137	18.3	52	15.5
30–34	299	34.6	261	34.8	106	31.6
35–39	206	23.8	178	23.7	89	26.6
40 and older	156	18.1	153	20.4	71	21.2
Age at which visually disabled (interview questions 5 and 30):						
Total	864	100.0	750	100.0	335	100.0
Under 20	85	9.8	52	6.9	29	8.7
20–24	317	36.7	293	39.1	103	30.7
25–29	247	28.6	204	27.2	97	29.0
30–34	93	10.8	69	9.2	45	13.4
35 and older	122	14.1	132	17.6	61	18.2
Marital status (interview question 9):						
Total	864	100.0	750	100.0	335	100.0
Married	745	86.2	549	73.2	214	63.9
Never married	96	11.1	137	18.3	79	23.6
Widowed	4	.5	3	.4	2	.5
Divorced	16	1.9	34	4.5	28	8.4
Separated	3	.3	27	3.6	12	3.6
Dependent children (interview question 11):						
Total	864	100.0	750	100.0	335	100.0
Have no children	282	32.6	301	40.1	168	50.1
Have one or more children	582	67.4	449	59.9	167	49.9
Cause of blindness (interview question 27):						
Total	864	100.0	750	100.0	335	100.0
Injury	507	58.7	383	51.1	177	52.8
Disease	357	41.3	367	48.9	158	47.2
Years visually disabled (interview question 30):						
Total	864	100.0	750	100.0	335	100.0
0–3	42	4.9	54	7.2	40	12.0
4–7	251	29.1	200	26.7	124	37.0
8–9	460	53.2	396	52.8	130	38.8
10 or more	111	12.8	100	13.3	41	12.2

Table 24.—*Interview summary evaluation*—Continued

Interview outline question cross-tabulated with interview summary evaluation	92–100		76–88		72 or less	
	Number	Percent	Number	Percent	Number	Percent
Education before blindness (interview question 33):						
Total	864	100.0	750	100.0	335	100.0
Elementary school	249	28.8	260	34.7	158	47.2
High school	474	54.9	399	53.2	150	44.8
College	141	16.3	91	12.1	27	8.0
Change in occupational classification since blindness (interview questions 34 and 68):						
Total	374	100.0	231	100.0	47	100.0
No change	125	33.4	73	31.6	10	21.3
"Upward" change	76	20.3	53	22.9	10	21.3
"Downward" change	67	17.9	44	19.1	12	25.5
"Horizontal" change	106	28.4	61	26.4	15	31.9
Application for VR&E training (interview question 35):						
Total	864	100.0	750	100.0	335	100.0
Applied	698	80.8	575	76.7	243	72.5
Did not apply	166	19.2	175	23.3	92	27.5
VR&E status (interview question 39):						
Total	568	100.0	415	100.0	159	100.0
"In training"	88	15.5	38	9.2	14	8.8
"Training interrupted"	18	3.2	32	7.7	15	9.4
"Training discontinued"	117	20.6	144	34.7	76	47.8
"Rehabilitated"	345	60.7	201	48.4	54	34.0
Length of time veterans remembered being in doubt about chances of seeing (interview question 45):						
Total	864	100.0	750	100.0	335	100.0
Less than 2 weeks	160	18.5	126	16.8	56	16.7
2– 8 weeks	70	8.1	53	7.1	26	7.8
2–10 months	142	16.5	127	16.9	46	13.7
10 months–2 years	77	8.9	84	11.2	40	11.9
More than 2 years	178	20.6	171	22.8	76	22.7
Not applicable (no doubt)	237	27.4	189	25.2	91	27.2
Amount of sight (interview question 46):						
Total	864	100.0	750	100.0	335	100.0
Partial sight	481	55.7	433	57.7	180	53.7
No useful sight	383	44.3	317	42.3	155	46.3

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Table 24.—*Interview summary evaluation*—Continued

Interview outline question cross-tabulated with interview summary evaluation	92–100		76–88		72 or less	
	Number	Percent	Number	Percent	Number	Percent
Braille (interview question 56):						
Total	864	100.0	750	100.0	335	100.0
Stated they were able to read braille	301	34.8	219	29.2	66	19.7
Stated they were not able to read braille	563	65.2	531	70.8	269	80.3
Employment status (interview question 65):						
Total	864	100.0	750	100.0	335	100.0
Working	571	66.1	340	45.3	69	20.6
Not working	293	33.9	410	54.7	266	79.4
Employer-employee relationship (interview question 66):						
Total	571	100.0	340	100.0	69	100.0
Self-employed	234	41.0	107	31.5	25	36.2
Employed by others	284	49.7	193	56.8	36	52.2
Other	53	9.3	40	11.7	8	11.6
Occupational classification at time of interview (interview question 68):						
Total	571	100.0	340	100.0	69	100.0
Professional	70	12.3	37	10.9	5	7.3
Semiprofessional	12	2.1	3	.9	4	5.8
Managerial and official	58	10.1	24	7.0	2	2.9
Clerical and sales	120	21.0	74	21.8	16	23.2
Service	27	4.7	18	5.3	6	8.7
Agricultural and kindred	94	16.5	43	12.6	7	10.1
Skilled	62	10.9	37	10.9	8	11.6
Semiskilled	72	12.6	55	16.2	8	11.6
Unskilled	56	9.8	49	14.4	13	18.8
Length of workweek of employed veterans (interview question 69):						
Total	571	100.0	340	100.0	69	100.0
Under 10 hours	24	4.2	15	4.4	3	4.3
10–19 hours	21	3.7	21	6.2	5	7.3
20–29 hours	45	7.9	26	7.6	10	14.5
30–39 hours	51	8.9	40	11.8	11	15.9
40–49 hours	319	55.9	202	59.4	32	46.4
50–59 hours	57	10.0	18	5.3	4	5.8
60 hours and over	54	9.4	18	5.3	4	5.8
Job satisfaction (interview question 72):						
Total	571	100.0	340	100.0	69	100.0
Satisfied with job	528	92.5	245	72.1	33	47.8
Not satisfied with job	43	7.5	95	27.9	36	52.2

Table 24.—*Interview summary evaluation*—Continued

Interview outline question cross-tabulated with interview summary evaluation	92–100		76–88		72 or less	
	Number	Percent	Number	Percent	Number	Percent
Job refusals (interview question 73):						
Total	864	100.0	750	100.0	335	100.0
Refused one or more jobs	119	13.8	106	14.1	50	14.9
Had not refused any jobs	718	83.1	616	82.1	275	82.1
No answer obtained	27	3.1	28	3.8	10	3.0
Living arrangement (interview question 76):						
Total	864	100.0	750	100.0	335	100.0
Own homes	588	68.1	437	58.2	165	49.3
In rented quarters	193	22.3	207	27.6	98	29.3
Living with relatives	83	9.6	104	13.9	69	20.6
Others	0	.0	2	.3	3	.8
Association with other blind people (interview question 78):						
Total	864	100.0	750	100.0	335	100.0
Associated socially with other blind people	308	35.6	226	30.2	82	24.5
Did not associate socially with other blind people	519	60.1	499	66.5	236	70.4
No answer obtained	37	4.3	25	3.3	17	5.1
Difficulty arranging for interview (interview question 85):						
Total	864	100.0	750	100.0	335	100.0
Had no difficulty	828	95.8	652	86.9	277	82.7
Had great difficulty	32	3.7	71	9.5	16	4.8
Tried to avoid interview	4	.5	27	3.6	42	12.5
Appearance of confidence in ability to cope with community attitudes, as noted by interviewers (interview question 88):						
Total	864	100.0	750	100.0	335	100.0
Appeared able to cope with community attitudes	850	98.4	682	90.9	181	54.0
Did not appear able to cope with community attitudes	14	1.6	68	9.1	154	46.0

Table 24.—*Interview summary evaluation*—Continued

Interview outline question cross-tabulated with interview summary evaluation	92–100		76–88		72 or less	
	Number	Percent	Number	Percent	Number	Percent
Interviewers' estimates of positive attitude toward life (interview question 115):						
Total	864	100.0	750	100.0	335	100.0
Accepted life positively	859	99.4	668	89.1	81	24.2
Did not accept life positively	5	.6	82	10.9	254	75.8
Central office evaluation (based on review of all questions):						
Total	864	100.0	750	100.0	335	100.0
Clearly no need for additional VA services	563	65.2	278	37.1	23	6.8
Probably some need	181	20.9	247	32.9	99	29.6
Probably considerable need	72	8.3	121	16.1	94	28.1
Clearly urgent need	48	5.6	104	13.9	119	35.5

Table 25.—*Interview summary evaluation (medians)*

	Score
Years visually disabled (interview question 30):	
Total	87.5
0–1 year	83.6
2–3 years	82.4
4–5 years	86.0
6–7 years	87.6
8–9 years	86.8
10 years or more	87.6
Hospitals where rehabilitation was received (interview question 31):	
Total	87.5
Valley Forge Army General and Avon Old Farms Convalescent	93.9
Dibble Army General and Avon Old Farms Convalescent	93.7
Philadelphia Naval	93.4
Valley Forge Army General	89.0
Dibble Army General	88.0
Avon Old Farms Convalescent	88.5
Other	89.8
None	88.5
Hines:	
Completed	89.7
Incomplete	78.0
Education before blindness (interview question 33):	
Total	87.5
Elementary school	82.5
High school	86.8
College	93.2
Graduate school	93.2
Vocational school only (Not computed—fewer than 25 veterans).	
No schooling (Not computed—fewer than 25 veterans).	

O. MISCELLANEOUS COMPARISONS

Tables of this section substantiate certain statements found in the General Description on page 25, for which statistics are *not* shown in any of the analysis centers in Part Two, pages 57–118.

Table 26.—*Veterans who were keeping in touch with physician regarding eye condition*

Interview outline question cross-tabulated with veterans who were keeping in touch with physician regarding eye condition	Keeping in touch		Not keeping in touch	
	Number	Percent	Number	Percent
Education before blindness (interview question 33):				
Total	524	100.0	605	100.0
Elementary school	154	29.4	229	37.8
High school	275	52.5	306	50.6
College	95	18.1	70	11.6
Length of time veterans remembered being in doubt about chances of seeing (interview question 45):				
Total	524	100.0	605	100.0
Less than 2 weeks	57	10.9	85	14.0
2–8 weeks	36	6.9	57	9.4
2–10 months	86	16.4	137	22.7
10 months–2 years	77	14.7	71	11.7
More than 2 years	181	34.5	165	27.3
Not applicable (no doubt)	87	16.6	90	14.9

Table 27.—*Hearing difficulties*

Interview outline question cross-tabulated with veterans who stated they had hearing difficulties	With hearing difficulties		No hearing difficulties	
	Number	Percent	Number	Percent
Cause of blindness (interview question 27):				
Total	577	100.0	1,372	100.0
Injury	393	68.1	674	49.1
Disease	184	31.9	698	50.9
Amount of sight (interview question 46):				
Total	577	100.0	1,372	100.0
Partial sight	289	50.1	805	58.7
No useful sight	288	49.9	567	41.3
Employment status (interview question 65):				
Total	577	100.0	1,372	100.0
Working	254	44.0	726	52.9
Not working	323	56.0	646	47.1

	With hearing difficulties and having no useful sight		With hearing difficulties and having partial sight	
Employment status (interview question 65):	Number	Percent	Number	Percent
Total	288	100.0	289	100.0
Working	113	39.2	141	48.8
Not working	175	60.8	148	51.2

End Table 27

Table 28.—*Guide dog*

Interview outline question cross-tabulated with use of guide dog	Used guide dog		Did not use guide dog	
	Number	Percent	Number	Percent
Education before blindness (interview question 33):				
Total	144	100.0	1,805	100.0
Elementary school	36	25.0	631	35.0
High school	90	62.5	933	51.7
College	18	12.5	241	13.3
Amount of sight (interview question 46):				
Total	144	100.0	1,805	100.0
Partial sight	2	1.4	1,092	60.5
No useful sight	142	98.6	713	39.5
Employment status (interview question 65):				
Total	144	100.0	1,805	100.0
Working	68	47.2	912	50.5
Not working	76	52.8	893	49.5
Appearance of confidence in ability to cope with community attitudes, as noted by interviewers (interview question 88):				
Total	144	100.0	1,805	100.0
Able to cope	127	88.2	1,586	87.9
Not able to cope	17	11.8	219	12.1
Interviewers' estimates of positive attitude toward life (interview question 115):				
Total	144	100.0	1,805	100.0
Accepted life positively	118	81.9	1,490	82.6
Did not accept life positively	26	18.1	315	17.4

End Table 28

Table 29.—*Braille*

Interview outline question cross-tabulated with ability to read braille	Stated they read braille		Stated they did not read braille	
	Number	Percent	Number	Percent
Amount of sight (interview question 46):				
Total	586	100.0	1,363	100.0
Partial sight	186	31.7	908	66.6
No useful sight	400	68.3	455	33.4

End Table 29

Table 30.—*Canes and types used*

Interview outline question cross-tabulated with canes and types used	Total not using cane		Total using cane		Used collapsible cane		Used white wooden cane		Used long metal cane		Used other type cane	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Education before blindness (interview question 33):												
Total	1,179	100.0	770	100.0	157	100.0	288	100.0	188	100.0	137	100.0
Elementary school	385	32.7	282	36.6	42	26.7	123	42.7	65	34.6	52	38.0
High school	639	54.2	384	49.9	94	59.9	133	46.2	98	52.1	59	43.1
College	155	13.1	104	13.5	21	13.4	32	11.1	25	13.3	26	18.9
Amount of sight (interview question 46):												
Total	1,179	100.0	770	100.0	157	100.0	288	100.0	188	100.0	137	100.0
Partial sight	889	75.4	205	26.6	41	26.1	69	24.0	42	22.3	53	28.7
No useful sight	290	24.6	565	73.4	116	73.9	219	76.0	146	77.7	84	61.3

Table 31.—*Living arrangement*

Interview outline question cross-tabulated with place of residence	Own home		Rented quarters		With relatives		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Education before blindness (interview question 33):								
Total	1,190	100.0	498	100.0	256	100.0	5	100.0
Elementary school	411	34.5	163	32.7	92	35.9	1	20.0
High school	616	51.8	254	51.0	149	58.2	4	80.0
College	163	13.7	81	16.3	15	5.9	0	.0
Amount of sight (interview question 46):								
Total	1,190	100.0	498	100.0	256	100.0	5	100.0
Partial sight	655	55.0	311	62.4	125	48.8	3	60.0
No useful sight	535	45.0	187	37.6	131	51.2	2	40.0
Appearance of confidence in ability to cope with community attitudes (interview question 88):								
Total	1,190	100.0	498	100.0	256	100.0	5	100.0
Appeared able to cope satisfactorily	1,064	89.4	429	86.1	217	84.8	3	60.0
Did not appear able to cope satisfactorily	126	10.6	69	13.9	39	15.2	2	40.0
Interviewers' estimates of positive attitude toward life (interview question 115):								
Total	1,190	100.0	498	100.0	256	100.0	5	100.0
Accepted life positively	1,032	86.7	390	78.3	183	71.5	3	60.0
Did not accept life positively	158	13.3	108	21.7	73	28.5	2	40.0

Table 31.—*Living arrangement*—Continued

Interview outline question cross-tabulated with place of residence	Own home		Rented quarters		With relatives		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Interview summary evaluation (interview questions 72, 75, 86–107, and 115):								
Total	1,190	100.0	498	100.0	256	100.0	5	100.0
Score of—								
100	42	3.5	13	2.6	5	2.0	0	.0
96	286	24.0	94	18.9	38	14.8	0	.0
92	260	21.8	86	17.3	40	15.6	0	.0
88	184	15.5	83	16.7	34	13.3	0	.0
84	118	9.9	61	12.2	26	10.2	1	20.0
80	77	6.5	37	7.4	21	8.2	1	20.0
76	58	4.9	26	5.2	23	9.0	0	.0
72 or less	165	13.9	98	19.7	69	26.9	3	60.0

Table 32.—*Association with other blind people*

Interview outline question cross-tabulated with association with other blind people	Associated socially		Did not associate socially		No answer obtained	
	Number	Percent	Number	Percent	Number	Percent
Years visually disabled (interview question 30):						
Total	616	100.0	1,254	100.0	79	100.0
0–1 year	8	1.3	27	2.2	1	1.3
2–3 years	34	5.5	63	5.0	3	3.8
4–5 years	29	4.7	53	4.2	4	5.1
6–7 years	132	21.4	336	26.8	21	26.6
8–9 years	357	58.0	590	47.0	39	49.3
10 years or more	56	9.1	185	14.8	11	13.9
Length of time veterans remembered being in doubt about chances of seeing (interview question 45):						
Total	616	100.0	1,254	100.0	79	100.0
Less than 2 weeks	129	21.0	206	16.4	7	8.9
2– 8 weeks	58	9.4	86	6.9	5	6.3
2–10 months	90	14.6	218	17.4	7	8.9
10 months–2 years	64	10.4	128	10.2	9	11.4
Over 2 years	103	16.7	305	24.3	17	21.5
Not applicable (no doubt)	172	27.9	311	24.8	34	43.0
Amount of sight (interview question 46):						
Total	616	100.0	1,254	100.0	79	100.0
Partial sight	248	40.3	803	64.0	43	54.4
No useful sight	368	59.7	451	36.0	36	45.6
Interviewers' estimates of positive attitude toward life (interview question 115):						
Total	616	100.0	1,254	100.0	79	100.0
Accepted life positively	539	87.5	1,007	80.3	62	78.5
Did not accept life positively	77	12.5	247	19.7	17	21.5
Interview summary evaluation (interview questions 72, 75, 86–107, and 115):						
Total	616	100.0	1,254	100.0	79	100.0
100	22	3.6	34	2.7	4	5.0
96	170	27.6	238	19.0	10	12.7
92	116	18.8	247	19.7	23	29.1
88	93	15.1	198	15.8	10	12.7
84	70	11.4	127	10.1	9	11.4
80	38	6.2	94	7.5	4	5.1
76	25	4.0	80	6.4	2	2.5
72 or less	82	13.3	236	18.8	17	21.5

End Tab. 32

Table 33.—*Difficulty arranging for interview*

Interview outline question cross-tabulated with difficulty arranging for interview	No difficulty		Great difficulty		Wanted to avoid interview	
	Number	Percent	Number	Percent	Number	Percent
Education before blindness (interview question 33):						
Total	1,757	100.0	119	100.0	73	100.0
Elementary school	609	34.7	27	22.7	31	42.5
High school	923	52.5	66	55.5	34	46.6
College	225	12.8	26	21.8	8	10.9
Employment status (interview question 65):						
Total	1,757	100.0	119	100.0	73	100.0
Working	855	48.7	93	78.2	32	43.8
Not working	902	51.3	26	21.8	41	56.2
Interview summary evaluation:						
Total	1,757	100.0	119	100.0	73	100.0
100	60	3.4	0	.0	0	.0
96	415	23.6	3	2.5	0	.0
92	353	20.1	29	24.4	4	5.5
88	268	15.3	30	25.2	3	4.1
84	178	10.1	21	17.6	7	9.6
80	114	6.5	11	9.2	11	15.1
76	92	5.2	9	7.6	6	8.2
72 or less	277	15.8	16	13.5	42	57.5

Table 34.—*Appearance of confidence in ability to cope with community attitudes*

Interview outline question cross-tabulated with ability to cope with community attitudes	Able to cope		Not able to cope	
	Number	Percent	Number	Percent
Employment status (interview question 65):				
Total	1,713	100.0	236	100.0
Working	909	53.1	71	30.1
Not working	804	46.9	165	69.9
Interviewers' estimates of positive attitude toward life (interview question 115):				
Total	1,713	100.0	236	100.0
Accepted life positively	1,499	87.5	109	46.2
Did not accept life positively	214	12.5	127	53.8
Interview summary evaluation (interview questions 72, 75, 86–107, and 115):				
Total	1,713	100.0	236	100.0
100	60	3.5	0	.0
96	416	24.3	2	.8
92	374	21.8	12	5.1
88	284	16.6	17	7.2
84	195	11.4	11	4.7
80	116	6.8	20	8.5
76	87	5.1	20	8.5
72 or less	181	10.5	154	65.2

End of Table 34

Table 35.—*Estimate of advantage derived from hospital rehabilitation as reported to interviewers*

Interview outline question cross-tabulated with estimate of advantage derived from hospital rehabilitation	Felt they took full advantage		Felt they did not take full advantage		Reaction: Desired such services at time of interview		Reaction: Did not desire such services	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Employment status (interview question 65):								
Total	1,066	100.0	883	100.0	121	100.0	762	100.0
Working	542	50.8	438	49.6	44	36.4	394	51.7
Not working	524	49.2	445	50.4	77	63.6	368	48.3
Job satisfaction (interview question 72):								
Total	542	100.0	438	100.0	44	100.0	394	100.0
Satisfied with job	459	84.7	347	79.2	32	72.7	315	79.9
Not satisfied with job	83	15.3	91	20.8	12	27.3	79	20.1
Central office evaluation (review of all questions):								
Total	1,066	100.0	883	100.0	121	100.0	762	100.0
Clearly no need for additional VA services	508	47.7	356	40.3	28	23.1	328	43.0
Probably some need	273	25.6	254	28.8	31	25.6	223	29.3
Probably considerable need	140	13.1	147	16.6	29	24.0	118	15.5
Clearly urgent need	145	13.6	126	14.3	33	27.3	93	12.2

Table 36.—*Interviewers' estimates of positive attitude toward life*

Interview outline question cross-tabulated with interviewers' estimates of positive attitude toward life	Accepted life positively		Did not accept life positively	
	Number	Percent	Number	Percent
Change in occupational classification since blindness (interview questions 34 and 68):				
Total	1,608	100.0	341	100.0
No change	198	12.3	10	2.9
"Upward" change	132	8.2	7	2.1
"Downward" change	111	6.9	12	3.5
"Horizontal" change	171	10.7	11	3.2
Not applicable	996	61.9	301	88.3
Application for VR &E training and VR &E status (interview questions 35 and 39):				
Total	1,608	100.0	341	100.0
Did not apply	334	20.8	99	29.0
Applied	1,274	79.2	242	71.0
Applied and did not enter	283	22.2	91	37.6
Applied and entered	991	77.8	151	62.4
"In training"	132	13.3	8	5.3
"Training interrupted"	49	5.0	16	10.6
"Training discontinued"	261	26.3	76	50.3
"Rehabilitated"	549	55.4	51	33.8
Braille (interview question 56):				
Total	1,608	100.0	341	100.0
Stated they were able to read braille	530	33.0	56	16.4
Stated they were not able to read braille	1,078	67.0	285	83.6
Employment status (interview question 65):				
Total	1,608	100.0	341	100.0
Working	912	56.7	68	19.9
Not working	696	43.3	273	80.1
Length of workweek of employed veterans (interview question 69):				
Total	1,608	100.0	341	100.0
0–9 hours	25	1.5	2	.6
10–19 hours	40	2.5	7	2.1
20–29 hours	72	4.5	9	2.6
30–39 hours	93	5.8	9	2.6
40–49 hours	523	32.5	30	8.8
50–59 hours	77	4.8	2	.6
60 hours and over	69	4.3	7	2.1
Number of hours not stated[1] and not working	709	44.1	275	80.6
Interview summary evaluation (interview questions 72, 75, 86–107, and 115):				
Total	1,608	100.0	341	100.0
100	60	3.7	0	.0
96	418	26.0	0	.0
92	381	23.7	5	1.5
88	293	18.2	8	2.3
84	190	11.8	16	4.7
80	114	7.1	22	6.4
76	71	4.4	36	10.6
72 or less	81	5.1	254	74.5

[1] Fifteen veterans concerning whom number of hours employed were not given.

Table 37.—*Central office evaluation*

Interview outline question cross-tabulated with central office evaluation (review of all questions)	Clearly no need for additional VA services		Probably some need		Probably considerable need		Clearly urgent need	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Employment status (interview question 65):								
Total	864	100.0	527	100.0	287	100.0	271	100.0
Working	693	80.2	206	39.1	54	18.8	27	10.0
Not working	171	19.8	321	60.9	233	81.2	244	90.0
Job satisfaction (interview question 72):								
Total	693	100.0	206	100.0	54	100.0	27	100.0
Satisfied with job	622	89.8	134	65.0	30	55.6	20	74.1
Not satisfied with job	71	10.2	72	35.0	24	44.4	7	25.9
Interviewers' estimates of positive attitude toward life (interview question 115):								
Total	864	100.0	527	100.0	287	100.0	271	100.0
Accepted life positively	844	97.7	432	82.0	189	65.9	143	52.8
Did not accept life positively	20	2.3	95	18.0	98	34.1	128	47.2
Interview summary evaluation (interview outline questions 72, 75, 86–107, and 115):								
Total	864	100.0	527	100.0	287	100.0	271	100.0
Score of—								
100	43	5.0	12	2.3	4	1.4	1	.4
96	297	34.4	74	14.1	28	9.8	19	7.0
92	223	25.8	95	17.8	40	13.9	28	10.3
88	148	17.1	80	15.2	43	15.0	30	11.1
84	65	7.5	81	15.4	33	11.5	27	10.0
80	35	4.0	55	10.5	23	8.0	23	8.5
76	30	3.5	31	5.9	22	7.7	24	8.8
72 or less	23	2.7	99	18.8	94	32.7	119	43.9

XIII. DIVERSIFIED ANALYSIS IN DETAIL

A. VETERANS ADMINISTRATION VOCATIONAL REHABILITATION AND EDUCATION

1. Introductory note.—Tables 38–55, pages 137–157, show statistics concerning VA Vocational Rehabilitation and Education in some detail.

Facts hereafter stated are extracted from these tables to which the reader with a special interest in the subject may turn and form personal conclusions, according to his knowledge.

It will be seen recurrently in these tables that more than three-fourths (77.8%) of all blinded veterans in the study had applied for vocational rehabilitation at the time of the interview. Three-fourths (75.3%) of those applying had entered training. A little more than half (52.5%) of those who entered training were reported with VR&E status of rehabilitated at the time of the interview.

In this whole connection it is important to have in mind what exactly is meant by VA Vocational Rehabilitation and VR&E status, for which purpose the reader is referred to appendix I.

As was pointed out in Terms on page 6, an exposition of the general functioning of Vocational Rehabilitation and Education (VR&E) of the VA is set forth in House Committee Print No. 109, 84th Congress, A Record and Evaluation of the Vocational Rehabilitation Program for Service-Connected Disabled Veterans, July 8, 1955.

This document explains that all VR&E services of the VA as of the dates of this study were administered through 70 regional offices, one or more being located in each state and in Puerto Rico, Alaska, Hawaii, the Philippine Republic, and the District of Columbia. It is further explained that in many regional office territories, VA counselors and training officers affording vocational rehabilitation services to veterans were stationed not only in the regional offices but also in additional locations in order to bring services to veterans in their home communities. However, severely disabled veterans were usually brought to the regional office for counseling because of the availability of specialized counseling, medical, and other services. The VA also made contractual arrangements with colleges, universities, and other agencies for the establishment of guidance centers. These contractual arrangements included 382 universities as of May 1947. The objective of this guidance program was to help the individual in the selection of a suitable occupation. This work was done by a vocational counselor.

In the course of this process, a training officer entered the picture and was responsible for making all arrangements necessary to launch the veteran in his training. For example, the training officer located on-the-

job training opportunities if that type of training was indicated. For the severely disabled, arrangements were also sometimes made for home training, although the practice was to place disabled veterans in normal training settings as much as possible. In this program the VA almost exclusively made use of non-Government facilities under contract. The veteran's progress was checked by the training officer who visited him regularly providing every reasonable service to assist the veteran in completing his training and to assure that the veteran's program terminated in suitable employment.

Other data of special interest concerning this program is described in the above-mentioned House Committee Report as follows:

> The length of the course of training prescribed by the training officer is limited to that period of education or training which is generally required to qualify for employment at the entry level in the particular occupation, and varies with the employment objective and the previous education and experience of the veteran. Ordinarily, the length of the course does not exceed 48 months. However, under exceptional circumstances the veteran may be afforded a longer period of training. Most veterans are expected to complete training within 9 years from the time they left the military service. An additional 4 years is allowed certain veterans such as those whose disabilities prevented them from enrolling in time to complete training in the 9–year period.
>
> In addition to payments for tuition, books and supplies for disabled veterans, the Veterans Administration pays trainees a monthly allowance to assist them in meeting living expenses. Veterans entering training or while pursuing training may obtain loans up to $100 when it is established that such loans are needed in order that they may initiate or continue to pursue their courses of training.
>
> *Special Assistance for Seriously Handicapped Veterans.*—The approach employed in assisting seriously handicapped veterans during their training stresses flexibility. The veterans are assisted by training officers experienced in dealing with their special problems. For such veterans additional time and effort is usually required to work out the complex problems arising from severe disability. The training officer may arrange for special adjustments in the training environment or, if the usual modes of training cannot be utilized, may arrange for training in the veteran's home, or in some other convenient location, with a private instructor; or, if the veteran's condition will not permit him to attend the full daily sessions in school or at a job-training establishment, may arrange for his program to be conducted on a reduced time basis. Training necessary to reduce the physical handicap itself may be made part of the veteran's program and for those who are not yet ready to meet the demands of the usual vocational training situation arrangements may be made for training on a sheltered situation in which they will have the opportunity to develop the confidence and competency they require. The training officer cooperates actively with and assists the State employment services in the selective job placement of seriously handicapped veterans who need such assistance in obtaining suitable employment.

As was explained in General Description on page 30, some uncertainty exists concerning the number of veterans applying for VR&E courses and those finally maintained on the rolls as fully performing in such training. It is known that of the entire survey group 433 had not applied at the time of the interview. It is also known that 1,142 veterans were listed as having VR&E status. These were categorized as In Training (140); Training Interrupted (65); Training Discontinued (337); and Rehabilitated (600). Some kind of application proceeding covered 1,516

but of these an estimated 374 veterans, though they considered training and filed papers with a view to exploring the possibility of taking training, subsequently made other plans. This was in the years immediately following World War II during which fluctuations in personal initiative were contemporary with a large scale domestic reorganization, frequent changes of residence of entire families and the absorption into industry of the large veteran population. No clear distinction was made between individuals visiting a regional office once or several times to make sure they were missing no opportunity for benefit and those whose records are brief and abortive because they discontinued or interrupted training after a more serious training effort.

2. Veterans who did not apply for VR&E training.—Veterans who did not apply for training were somewhat older than the rest of the men in the study, the median age for the group being 36.4 compared with 33.7 for those who did apply. (See table 6, p. 62.) Almost one-third of the group were 40 years of age and over at the time of the interview, compared with 16.0 percent of like age among those who did apply. (See table 38, p. 137.)

A slightly higher percentage of the group who did not apply had had elementary school education only compared with those who did apply (41.1% compared with 32.3%). (See table 41, p. 140.) They were somewhat less often married veterans. (73.0% compared with 78.6%.) (See table 45, p. 144.)

A higher percentage were blinded by disease (51.5% compared with 43.5%). (See table 46, p. 145.) They had partial sight with more frequency (61.2% compared with 54.7%). (See table 39, p. 138.) A slightly higher percentage were among those blinded for short periods and long periods. (See table 44, p. 143.) More than twice as many were over 35 years old when visually disabled. (27.9% compared with 12.8%.) (See Table 43, p. 142.) They were less frequently employed (45.5% compared with 56.6% of those who entered training) though more frequently they had partial sight as noted above. However, those who had obtained employment were more frequently satisfied with their jobs (87.8% compared with 80.8%). (See table 40, p. 139.)

Though including a higher percentage who had not experienced a Government hospital rehabilitation program, there was a high percentage feeling they had taken full advantage of the hospital rehabilitation treatment they had had (61.0% compared with 52.9%). (See table 54, p. 156.) A higher percentage had an Interview Summary Evaluation score of 72 or less (21.2% compared with 16.0%). (See table 53, p. 153.) A larger percentage had an urgent need for additional VA services at the time of the interview (19.4% compared with 12.3%), and a smaller percentage had clearly no need for such services (35.9% compared with 45.7%). (See table 55, p. 157.)

3. Subgroups including higher percentages who did not apply for VR&E training.—The percentage of the total number of veterans who did not apply for VR&E training was 22.2 percent. Subgroups with noticeably high percentages of veterans not applying were the 20-24-year-old group

at the time of the interview (32.1% of whom did not apply as shown in table 38, p. 137); the group visually disabled 0–1 year (38.9% of whom did not apply as shown in table 44, p. 143); and that blinded 2–3 years (29.0% of whom did not apply); the group 35 years old or older at the time of losing their sight (38.4% of whom did not apply as shown in table 43, p. 142); and the group clearly having urgent need for additional VA services at the time of the interview as shown in table 55, page 157.

4. Veterans who entered VR&E training.—There were 1,142 veterans estimated to have entered training, 600 of whom had the VR&E status of rehabilitated; 337 of whom had status of training discontinued; 65 of whom had status of training interrupted; and 140 had status of in training. A simple detailed comparison has been made on page 96 between those with the status of rehabilitated and those with the status of training interrupted and training discontinued. Many differences are pointed out. Moreover, it has been shown on page 133 where veterans who did not enter training are discussed, that the entire group applying for training differed to some extent from those not applying.

Additional information comes from making comparison between the estimated 1,142 veterans applying and entering and the estimated 374 applying and not entering. The entering group was a little older (median age 33.8 compared with 33.6 as shown in table 6, page 62); were more frequently married veterans (82.1% compared with 67.9% as shown in table 45, p. 144); a little more frequently had no useful sight (46.8% compared with 41.2% as shown in table 39, p. 138). They were more frequently between the ages of 20 and 24 when losing sight (41.3% compared with 31.8% as shown in table 43, p. 142); and more frequently were working (56.6% compared with 36.6% as shown in table 40, p. 139). A higher percentage had high Interview Summary Evaluation scores and a lower percentage had low scores. (See table 53, p. 153.) A high percentage of those applying and entering clearly had no need for additional VA services at the time of the interview (51.3% compared with 28.6% as shown in table 55, p. 157).

5. Subgroups including higher percentage who entered VR&E training after applying.—The percentage of the entire group who actually entered training after applying was 75.3 percent. (See table 38, p. 137.)

Subgroups including a higher percentage who actually entered training were the group 30–34 years of age at the time of the interview (79.5% as shown in table 38, p. 137); the Marine Corps group (84.6% as shown in table 42, p. 141); the college group (90.5% as shown in table 41, p. 140); the married group (78.7% as shown in table 45, p. 144); the group blinded 6–7 years (79.5% as shown in table 44, p. 143); the group 20–24 years old at onset of blindness (79.9% as shown in table 43, p. 142); the group employed (82.5% as shown in table 40, p. 139); the groups who made "upward" and "horizontal" changes vocationally (82.8% and 91.0% as shown in table 47, p. 146); the groups with higher Interview Summary Evaluation (almost 9 out of 10 of those with the score 100% entered training after applying as shown

in table 53, p. 153). Of the group clearly having no need for additional VA services at the time of the interview (84.6% had entered training as shown in table 55, p. 157).

6. Veterans in VR&E training at time of interview.—Veterans in training at the time of the interview when compared with those who had completed training with the status of rehabilitated were found to be a younger group (median age 32.5 compared with 33.8 as shown in table 6, p. 62); less frequently married (75.0% compared with 87.0% as shown in table 45, p. 144); much more highly educated than any other comparable group with regard to training status (21.4% college, 64.3% high school, and 14.3% elementary school as shown in table 41, p. 140). Like the group with the status of rehabilitated it contains a high percentage blinded by injury (60.7% compared with 54.7% on a surveywide basis as shown in table 46, p. 145). A high percentage had no useful sight (56.4% compared with 43.9% on a surveywide basis as shown in table 39, p. 138). As in the case of the rehabilitated a high percentage had experienced little or no doubt about chances of seeing as shown in table 48, page 147. (Not applicables are considered to have experienced no doubt.) One-quarter were working as well as taking training. A comparatively high percentage felt they had taken full advantage from hospital rehabilitation treatment (64.3% compared with 54.7% on a surveywide basis as shown in table 54, p. 156). Only the group with status of "rehabilitated" had equally high Interview Summary Evaluation scores as shown in table 53, page 152.

7. Subgroups including higher percentage with VR&E status of in training.—The percentage of the entire group with VR&E status who had the status of in training was 12.3 percent. (See table 38, p. 137.)

Subgroups including higher percentages who had status in training at the time of the interview were those who were 20–24 years of age (61.5% as shown in table 38, p. 137); those with college training before blindness (16.7% as shown in table 41, p. 140); bachelor veterans (21.9% as shown in table 45, p. 144); veterans in doubt about chances of seeing more than 2 years (28.6% as shown in table 48, p. 147); veterans blinded 0–1 year (83.3%), 2–3 years (41.7%), 4–5 years (26.0% as shown in table 44, p. 143); veterans not working (21.6% as shown in table 40, p. 139).

8. Subgroups with high percentages having VR&E status of rehabilitated.—The percentage of the entire subgroup entering training who achieved VR&E status of rehabilitated was 52.5 percent. (See table 38, p. 137.)

Subgroups of the group entering training who included a higher percentage achieving VR&E status of rehabilitated were the subgroups who had had college education before blindness (58.9% as shown in table 41, p. 140); those whose blindness was due to injury rather than disease (58.0% as shown in table 46, p. 145); those with no useful sight (54.5% as shown in table 12, p. 83); those in doubt about their chances of seeing 2–8 weeks (66.3% as shown in table 48, p. 147); those blinded 6–7 years (49.8%) and those blinded 8–9 years (59.5% as

shown in table 44, p. 143); those working (69.5% as shown in table 40, p. 139); those experiencing no change of occupational classification since blindness (73.1%) and those experiencing an upward change (71.9% as shown in table 47, p. 146); those with Interview Summary Evaluation scores of 100 (76.2%) and scores of 96 (64.2% as shown in table 53, p. 153); and those clearly requiring no additional VA services (61.6% as shown in table 55, p. 157).

9. Years visually disabled.—In general, the longer veterans had been disabled the more likely they were to have applied for training. Among those disabled less than 2 years, only 6 out of 10 (61.1%) had applied, and among those disabled 2 to 3 years 7 in 10 (71%) had applied. Application for vocational training was most frequent (80%) among those disabled 4 to 7 years after which there was a slight decrease in frequency of applying.

The proportion of applicants actually entering training increased sharply with years of disablement, ranging from around one-fourth of those disabled less than 2 years to 79.5 percent of those disabled 6 to 7 years after which there was a slight decrease in proportion of applicants entering training.

The proportion rehabilitated increased progressively with years of disablement, with none less than 2 years reported as rehabilitated up to 59.5 percent rehabilitated among those disabled 8 to 9 years. (See table 44, p. 143.)

10. Marriage.—More than three-fourths (77.8%) of all blinded veterans had applied for VR&E training at the time of the interview. While application for training was related to marital status, the married veterans were more apt to have actually entered training (78.7%) compared to the never married (60.1%) or divorced veterans (58.6%). The married veterans were also most often reported as rehabilitated (55.7%) compared to the never married veterans (38%) or the divorced or separated veterans (44.1%) and (34.3%). (See table 45, p. 144.)

11. Cause of blindness.—More veterans whose blindness was due to injury applied for VR&E training than did those whose blindness was the result of disease. More veterans whose blindness was caused by injury were classified as rehabilitated than were those whose blindness was due to disease. More of those whose blindness was due to disease were categorized in the group training discontinued than were those whose blindness was due to injury. (See table 46, p. 145.)

12. Change in occupational classification since blindness.—A definite relationship appears between favorable[8] changes in occupational status and entrance into VR&E training. Groups showing upward and horizontal changes included higher percentages of veterans with training (82.8% and 91.0%) than did groups showing no change and downward change (76.8% and 71.7%). Groups showing no change most frequently did not apply for training (25.5%).

[8] See appendix VI, page 222.

Table 38.—*Age at time of interview related to application for vocational rehabilitation and VR&E status*

Age at time of interview	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training interrupted	Training discontinued	Rehabilitated
Total	1,949	433	1,516	374	1,142	140	65	337	600
Under 20 years	1	0	1	1	0	0	0	0	0
20–24 years	53	17	36	23	13	8	1	3	1
25–29 years	376	56	320	77	243	38	10	66	129
30–34 years	666	115	551	113	438	48	32	133	225
35–39 years	473	108	365	85	280	34	16	73	157
40 years and over	380	137	243	75	168	12	6	62	88
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 20 years	0.1	0.0	0.1	0.3	0.0	0.0	0.0	0.0	0.0
20–24 years	2.7	3.9	2.4	6.1	1.1	5.7	1.6	0.8	0.2
25–29 years	19.2	12.9	21.1	20.6	21.3	27.1	15.4	19.6	21.5
30–34 years	34.2	26.6	36.3	30.2	38.4	34.3	49.2	39.5	37.5
35–39 years	24.3	24.9	24.1	22.7	24.5	24.3	24.6	21.7	26.1
40 years and over	19.5	31.7	16.0	20.1	14.7	8.6	9.2	18.4	14.7
Total percent	100.0	22.2	77.8	24.7	75.3	12.3	5.7	29.5	52.5
Under 20 years	100.0	0.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0
20–24 years	100.0	32.1	67.9	63.9	36.1	61.5	7.7	23.1	7.7
25–29 years	100.0	14.9	85.1	24.1	75.9	15.6	4.1	27.2	53.1
30–34 years	100.0	17.3	82.7	20.5	79.5	11.0	7.3	30.4	51.3
35–39 years	100.0	22.8	77.2	23.3	76.7	12.1	5.7	26.1	56.1
40 years and over	100.0	36.1	63.9	30.9	69.1	7.1	3.6	36.9	52.4

End Table 38

Table 39.—*Amount of sight related to application for vocational rehabilitation and VR&E status*

Amount of sight	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training inter-rupted	Training discon-tinued	Rehabili-tated
Total	1,949	433	1,516	374	1,142	140	65	337	600
Partial sight	1,094	265	829	221	608	61	44	194	309
No useful sight	855	168	687	153	534	79	21	143	291
Total percent	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Partial sight	56.1	61.2	54.7	58.8	53.2	43.6	67.7	57.6	51.5
No useful sight	43.9	38.8	45.3	41.2	46.8	56.4	32.3	42.4	48.5

End of Table 39

Table 40.—*Employment status and job satisfaction related to application for vocational rehabilitation and VR&E status*

Employment status and ob satisfaction	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training inter-rupted	Training discon-tinued	Rehabili-tated
Total	1,949	433	1,516	374	1,142	140	65	337	600
Not working	969	236	733	237	496	107	43	195	151
Working	980	197	783	137	646	33	22	142	449
Found job satisfying	806	173	633	104	529	29	15	108	377
Did not find job satisfying	174	24	150	33	117	4	7	34	72
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Not working	49.7	54.5	48.3	63.4	43.4	76.4	66.2	57.9	25.2
Working	50.3	45.5	51.7	36.6	56.6	23.6	33.8	42.1	74.8
Found job satisfying	82.2	87.8	80.8	75.9	81.9	87.9	68.2	76.1	84.0
Did not find job satisfying	17.8	12.2	19.2	24.1	18.1	12.1	31.8	23.9	16.0
Total percent	100.0	22.2	77.8	24.7	75.3	12.3	5.7	29.5	52.5
Not working	100.0	24.4	75.6	32.3	67.7	21.6	8.7	39.3	30.4
Working	100.0	20.1	79.9	17.5	82.5	5.1	3.4	22.0	69.5
Found job satisfying	100.0	21.5	78.5	16.4	83.6	5.5	2.8	20.4	71.3
Did not find job satisfying	100.0	13.8	86.2	22.0	78.0	3.4	6.0	29.1	61.5

Table 41.—*Education before blindness related to application for vocational rehabilitation and VR&E status*

Education before blindness	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training interrupted	Training discontinued	Rehabilitated
Total	1,949	433	1,516	374	1,142	140	65	337	600
Elementary school	667	178	489	161	328	20	29	124	155
High school	1,023	195	828	194	634	90	28	177	339
College	259	60	199	19	180	30	8	36	106
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Elementary school	34.2	41.1	32.3	43.0	28.7	14.3	44.6	36.8	25.8
High school	52.5	45.0	54.6	51.9	55.5	64.3	43.1	52.5	56.5
College	13.3	13.9	13.1	5.1	15.8	21.4	12.3	10.7	17.7
Total percent	100.0	22.2	77.8	24.7	75.3	12.3	5.7	29.5	52.5
Elementary school	100.0	26.7	73.3	32.9	67.1	6.1	8.8	37.8	47.3
High school	100.0	19.1	80.9	23.4	76.6	14.2	4.4	27.9	53.5
College	100.0	23.2	76.8	9.5	90.5	16.7	4.4	20.0	58.9

Table 42.—*Branch of service related to application for vocational rehabilitation and VR&E status*

Branch of service	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training interrupted	Training discontinued	Rehabilitated
Total	1,949	433	1,516	374	1,142	140	65	337	600
Army	1,497	331	1,166	303	863	104	53	251	455
Navy	197	49	148	34	114	16	4	36	58
Air Force	96	28	68	15	53	6	3	21	23
Marine Corps	146	23	123	19	104	13	5	26	60
Coast Guard	13	2	11	3	8	1	0	3	4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Army	76.8	76.4	76.9	81.0	75.6	74.3	81.5	74.5	75.8
Navy	10.1	11.3	9.8	9.1	10.0	11.4	6.2	10.7	9.7
Air Force	4.9	6.5	4.5	4.0	4.6	4.3	4.6	6.2	3.8
Marine Corps	7.5	5.3	8.1	5.1	9.1	9.3	7.7	7.7	10.0
Coast Guard	.7	.5	.7	.8	.7	.7	.0	.9	.7
Total percent	100.0	22.2	77.8	24.7	75.3	12.3	5.7	29.5	52.5
Army	100.0	22.1	77.9	26.0	74.0	12.1	6.1	29.1	52.7
Navy	100.0	24.9	75.1	23.0	77.0	14.0	3.5	31.6	50.9
Air Force	100.0	29.2	70.8	22.1	77.9	11.3	5.7	39.6	43.4
Marine Corps	100.0	15.8	84.2	15.4	84.6	12.5	4.8	25.0	57.7
Coast Guard	100.0	15.4	84.6	27.3	72.7	12.5	.0	37.5	50.0

Table 43.—*Age at which visually disabled related to application for vocational rehabilitation and VR&E status*

Age at which visually disabled	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training interrupted	Training discontinued	Rehabilitated
Total	1,949	433	1,516	374	1,142	140	65	337	600
Under 20 years	166	24	142	43	99	12	3	31	53
20–24 years	713	122	591	119	472	59	31	136	246
25–29 years	548	115	433	111	322	43	21	87	171
30–34 years	207	51	156	41	115	14	5	32	64
35 years or over	315	121	194	60	134	12	5	51	66
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 20 years	8.5	5.5	9.4	11.5	8.7	8.6	4.6	9.2	8.8
20–24 years	36.6	28.2	39.0	31.8	41.3	42.1	47.7	40.4	41.0
25–29 years	28.1	26.6	28.5	29.7	28.2	30.7	32.3	25.8	28.5
30–34 years	10.6	11.8	10.3	11.0	10.1	10.0	7.7	9.5	10.7
35 years or over	16.2	27.9	12.8	16.0	11.7	8.6	7.7	15.1	11.0
Total percent	100.0	22.2	77.8	24.7	75.3	12.3	5.7	29.5	52.5
Under 20 years	100.0	14.5	85.5	30.3	69.7	12.2	3.0	31.3	53.5
20–24 years	100.0	17.1	82.9	20.1	79.9	12.5	6.6	28.8	52.1
25–29 years	100.0	21.0	79.0	25.6	74.4	13.4	6.5	27.0	53.1
30–34 years	100.0	24.6	75.4	26.3	73.7	12.2	4.3	27.8	55.7
35 years or over	100.0	38.4	61.6	30.9	69.1	9.0	3.7	38.0	49.3

Table 44.—*Years visually disabled related to application for vocational rehabilitation and VR&E status*

Years visually disabled	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training inter-rupted	Training discon-tinued	Rehabili-tated
Total	1,949	433	1,516	374	1,142	140	65	337	600
0–1 year	36	14	22	16	6	5	0	1	0
2–3 years	100	29	71	35	36	15	5	10	6
4–5 years	86	17	69	19	50	13	5	13	19
6–7 years	489	98	391	80	311	42	16	98	155
8–9 years	986	212	774	177	597	57	27	158	355
10 years and over	252	63	189	47	142	8	12	57	65
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
0–1 year	1.9	3.3	1.5	4.2	.5	3.6	.0	.2	.0
2–3 years	5.1	6.7	4.7	9.4	3.2	10.7	7.7	3.0	1.0
4–5 years	4.4	3.9	4.4	5.1	4.4	9.3	7.7	3.9	3.2
6–7 years	25.1	22.6	25.8	21.4	27.2	30.0	24.6	29.1	25.8
8–9 years	50.6	49.0	51.1	47.3	52.3	40.7	41.5	46.9	59.2
10 years and over	12.9	14.5	12.5	12.6	12.4	5.7	18.5	16.9	10.8
Total percent	100.0	22.2	77.8	24.7	75.3	12.3	5.7	29.5	52.5
0–1 year	100.0	38.9	61.1	72.7	27.3	83.3	0.0	16.7	0.0
2–3 years	100.0	29.0	71.0	49.3	50.7	41.7	13.8	27.8	16.7
4–5 years	100.0	19.8	80.2	27.5	72.5	26.0	10.0	26.0	38.0
6–7 years	100.0	20.0	80.0	20.5	79.5	13.5	5.2	31.5	49.8
8–9 years	100.0	21.5	78.5	22.9	77.1	9.5	4.5	26.5	59.5
10 years and over	100.0	25.0	75.0	24.9	75.1	5.6	8.5	40.1	45.8

Table 45.—*Marital status related to application for vocational rehabilitation and VR&E status*

Marital status	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training interrupted	Training discontinued	Rehabilitated
Total	1,949	433	1,516	374	1,142	140	65	337	600
Married	1,508	316	1,192	254	938	105	50	261	522
Never married	312	84	228	91	137	30	10	45	52
Widowed	9	5	4	3	1	0	0	1	0
Divorced	78	20	58	24	34	4	3	12	15
Separated	42	8	34	2	32	1	2	18	11
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Married	77.4	73.0	78.6	67.9	82.1	75.0	76.9	77.4	87.0
Never married	16.0	19.4	15.0	24.3	12.0	21.4	15.4	13.4	8.7
Widowed	.5	1.2	.3	.8	.1	.0	.0	.3	.0
Divorced	4.0	4.6	3.8	6.4	3.0	2.9	4.6	3.6	2.5
Separated	2.1	1.8	2.3	.6	2.8	.7	3.1	5.3	1.8
Total percent	100	22.2	77.8	24.7	75.3	12.3	5.7	29.5	52.5
Married	100	21.0	79.0	21.3	78.7	11.2	5.3	27.8	55.7
Never married	100	26.9	73.1	39.9	60.1	21.9	7.3	32.8	38.0
Widowed	100	55.6	44.4	75.0	25.0	.0	.0	100.0	.0
Divorced	100	25.6	74.4	41.4	58.6	11.8	8.8	35.3	44.1
Separated	100	19.0	81.0	5.9	94.1	3.1	6.3	56.3	34.3

End of Table 45

Table 46.—*Cause of blindness related to application for vocational rehabilitation and VR&E status*

Cause of blindness	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training inter-rupted	Training discon-tinued	Rehabili-tated
Total	1,949	433	1,516	374	1,142	140	65	337	600
Injury	1,067	210	857	211	646	85	26	160	375
Disease	882	223	659	163	496	55	39	177	225
Total per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Injury	54.7	48.5	56.5	56.4	56.6	60.7	40.0	47.5	62.5
Disease	45.3	51.5	43.5	43.6	43.4	39.3	60.0	52.5	37.5
Total percent	100.0	22.2	77.8	24.7	75.3	12.3	5.7	29.5	52.5
Injury	100.0	19.7	80.3	24.6	75.4	13.2	4.0	24.8	58.0
Disease	100.0	25.3	74.7	24.7	75.3	11.1	7.8	35.7	45.4

End of Table 46

Table 47.—*Change in occupational classification since blindness related to application for vocational rehabilitation and VR&E status*

Change in occupational classification since blindness	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training interrupted	Training discontinued	Rehabilitated
Total	1,949	433	1,516	374	1,142	140	65	337	600
No change	208	53	155	36	119	9	4	19	87
"Upward" change	139	23	116	20	96	6	3	18	69
"Downward" change	123	24	99	28	71	1	3	30	37
"Horizontal" change	182	37	145	13	132	7	6	31	88
Not applicable	1,297	296	1,001	277	724	117	49	239	319
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No change	10.8	12.3	10.2	9.6	10.4	6.4	6.2	5.6	14.5
"Upward" change	7.1	5.3	7.7	5.3	8.4	4.3	4.6	5.4	11.5
"Downward" change	6.3	5.5	6.5	7.5	6.2	.7	4.6	8.9	6.2
"Horizontal" change	9.3	8.5	9.6	3.5	11.6	5.0	9.2	9.2	14.7
Not applicable	66.5	68.4	66.0	74.1	63.4	83.6	75.4	70.9	53.1
Total percent	100.0	22.2	77.8	24.7	75.3	12.3	5.7	29.5	52.5
No change	100.0	25.5	74.5	23.2	76.8	7.5	3.4	16.0	73.1
"Upward" change	100.0	16.5	83.5	17.2	82.8	6.2	3.1	18.8	71.9
"Downward" change	100.0	19.5	80.5	28.3	71.7	1.4	4.2	42.3	52.1
"Horizontal" change	100.0	20.3	79.7	9.0	91.0	5.3	4.5	23.5	66.7
Not applicable	100.0	22.8	77.2	27.7	72.3	16.1	6.8	33.0	44.1

Table 48.—*Length of time in doubt about chances of seeing related to application for vocational rehabilitation and VR&E status*

Length of time in doubt about chances of seeing	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training interrupted	Training discontinued	Rehabilitated
Total	1,949	433	1,516	374	1,142	140	65	337	600
Less than 2 weeks	342	70	272	65	207	25	16	61	105
2–8 weeks	149	32	117	28	89	5	3	22	59
2–10 months	315	78	237	62	175	17	7	59	92
10 months to 2 years	201	46	155	45	110	13	3	40	54
More than 2 years	425	83	342	75	267	40	21	83	123
Not applicable	517	124	393	99	294	40	15	72	167
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Less than 2 weeks	17.5	16.2	17.9	17.4	18.1	17.8	24.6	18.1	17.6
2–8 weeks	7.6	7.4	7.7	7.5	7.9	3.6	4.6	6.5	9.8
2–10 months	16.3	18.0	15.6	16.5	15.3	12.1	10.8	17.5	15.3
10 months to 2 years	10.3	10.6	10.3	12.0	9.6	9.3	4.6	11.9	9.0
More than 2 years	21.8	19.2	22.6	20.1	23.4	28.6	32.3	24.6	20.5
Not applicable	26.5	28.6	25.9	26.5	25.7	28.6	23.1	21.4	27.8
Total percent	100.0	22.2	77.8	24.7	75.3	12.3	5.7	29.5	52.5
Less than 2 weeks	100.0	20.5	79.5	23.9	76.1	12.1	7.7	29.5	50.7
2–8 weeks	100.0	21.5	78.5	23.9	76.1	5.6	3.4	24.7	66.3
2–10 months	100.0	24.8	75.2	26.2	73.8	9.7	4.0	33.7	52.6
10 months to 2 years	100.0	22.9	77.1	29.0	71.0	11.8	2.7	36.4	49.1
More than 2 years	100.0	19.5	80.5	21.9	78.1	15.0	7.9	31.0	46.1
Not applicable	100.0	24.0	76.0	25.2	74.8	13.6	5.1	24.5	56.8

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Of the groups classified by change of occupation those showing no change and upward change with much greater frequency were classified as rehabilitated (73.1% and 71.9%) than were the downward change and horizontal change groups (52.1% and 66.7%). (See table 47, p. 146.)

13. Doubt about chances of seeing.—The percentage of veterans in doubt about chances of seeing from 2–8 weeks differed from other groups very little in the percentage entering VR&E training, but in the number who had the status of rehabilitated this group exceeded all others very considerably (66.3% of 89 veterans compared with a survey-wide average of 52.5% of 1,142 veterans). See table 48, p. 147.)

14. Braille.—Statements concerning ability to read braille were recorded in 1,564 instances, including all veterans with VR&E status concerning whom such statements are recorded.

A high percentage of veterans with VR&E status, in proportion to the entire survey group, stated they were able to read braille. An even higher percentage was found among the group in training in proportion to the group with status of rehabilitated. (See table 49, below.)

Table 49.—*Ability to read braille related to VR&E status*

VR &E status	Total	Ability to read braille	
		Stated they read braille	Stated they did not read braille
Total	1,564	517	1,047
In training	140	74	66
Training interrupted	65	19	46
Training discontinued	337	101	236
Rehabilitated	600	229	371
Other	422	94	328
Total	100.0	33.1	66.9
In training	100.0	52.9	47.1
Training interrupted	100.0	29.2	70.8
Training discontinued	100.0	30.0	70.0
Rehabilitated	100.0	38.2	61.8
Other	100.0	22.3	77.7

15. Type of training.—Fewer veterans are shown as entering VR&E training when training is contrasted according to institutional and on-the-job training arrangements, only 1,117 veterans having appeared in these figures distributed as follows:

On-the-job training 269
Institutional training 539
On-the-job and institutional training 309

Those who participated in institutional training with much greater frequency had reached the college level of education before blindness than

Table 50.—*Education before blindness related to type of VR&E training*

Type of VR & E training	Education before blindness						
	Total	Elementary school	High school	College	Graduate school	Vocational school	No school
Total	1,949	661	1,009	231	28	14	6
Entered training	1,117	315	609	165	20	8	0
On-the-Job	269	91	154	21	2	1	0
Institutional	539	124	278	114	17	6	0
On-the-job and institutional	309	100	177	30	1	1	0
Did not enter training	832	346	400	66	8	6	6
Total percent	100.0	33.9	51.8	11.9	1.4	.7	.3
Entered training	100.0	28.3	54.5	14.7	1.8	.7	.0
On-the-job	100.0	33.9	57.2	7.8	.7	.4	.0
Institutional	100.0	23.0	51.5	21.2	3.2	1.1	.0
On-the-job and institutional	100.0	32.4	57.3	9.7	.3	.3	.0
Did not enter training	100.0	41.6	48.1	7.9	1.0	.7	.7

had those who participated in on-the-job and on-the-job and institutional training. (See table 50, above.)

16. Manner of obtaining employment.—For the most part machine tabulation analysis of manner of obtaining employment as related to VR&E status resulted in a scattering of figures to such small groups that they were not meaningful.

Veterans who obtained their jobs through more formal counseling agencies tended to have a uniformly higher percentage with the status of rehabilitated than did veterans who obtained their jobs on a more informal basis. (See table 51, p. 150.)

17. Length of workweek.—Length of workweek is compared with VR&E status in table 52, page 151.

Here it will be found that a smaller percentage of veterans with the status of rehabilitated was found in the three groups who worked under 30 hours than was found in groupings with the status of training interrupted and training discontinued who worked the same number of hours. Those with status of training interrupted had a higher percentage working 50 hours and over than did the group with status of training discontinued and even a slightly higher percentage working unusually long hours than the rehabilitated group. Those with status of training interrupted also had a high percentage working unusually short hours.

18. Interview summary evaluation.—Uniformly higher Interview Summary Evaluation scores are found among veterans who applied for VR&E training, those who entered, those with the VR&E status of in training, and those with the status of rehabilitated. This pattern is without exception as may be seen by consulting table 53, pages 152 and 153.

Table 51.—*How employment was obtained related to VR&E status*

How employment was obtained	VR &E status									
	Number					Percent				
	Total	In training	Training interrupted	Training discontinued	Rehabilitated	Total	In training	Training interrupted	Training discontinued	Rehabilitated
Total	1,142	140	65	337	600	100.0	12.3	5.7	29.5	52.5
State or Federal employment agency	22	0	0	6	16	100.0	.0	.0	27.3	72.7
VA training officer	123	12	1	16	94	100.0	9.8	.8	13.0	76.4
Other VA official	9	0	1	2	6	100.0	.0	11.1	22.2	66.7
State agency for the blind	39	1	0	7	31	100.0	2.6	.0	17.9	79.5
Private agency for the blind	9	0	0	1	8	100.0	.0	.0	11.1	88.9
Friend or relative	63	2	4	23	34	100.0	3.2	6.3	36.5	54.0
Own initiative	381	18	16	87	260	100.0	4.7	4.3	22.8	68.2
Not applicable	496	107	43	195	151	100.0	21.6	8.7	39.3	30.4

End of Table 51

Table 52.—*Length of workweek related to VR&E status*

Length of workweek	VR &E status									
	Number					Percent				
	Total	In training	Training interrupted	Training discontinued	Rehabilitated	Total	In training	Training interrupted	Training discontinued	Rehabilitated
Total	1,142	140	65	337	600	100.0	100.0	100.0	100.0	100.0
Under 10 hours	24	3	0	6	15	3.7	9.1	.0	4.2	3.3
10–19 hours	36	0	4	7	25	5.6	.0	18.2	4.9	5.6
20–29 hours	50	5	0	17	28	7.7	15.1	.0	12.0	6.3
30–39 hours	71	5	1	15	50	11.0	15.1	4.5	10.6	11.1
40–49 hours	365	12	13	88	252	56.5	36.5	59.1	62.0	56.1
50–59 hours	49	4	2	3	40	7.6	12.1	9.1	2.1	8.9
60 hours and over	51	4	2	6	39	7.9	12.1	9.1	4.2	8.7
Not applicable	(496)	(107)	(43)	(195)	(151)	----------	----------	----------	----------	----------

End of Table 52

Table 53.—*Interview summary evaluation related to application for vocational rehabilitation and VR&E status*

Interview summary evaluation scores	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training interrupted	Training discontinued	Rehabilitated
Total	1,949	433	1,516	374	1,142	140	65	337	600
100	60	13	47	5	42	5	1	4	32
96	418	76	342	63	279	45	6	49	179
92	386	77	309	62	247	38	11	64	134
88	301	64	237	64	173	20	12	45	96
84	206	55	151	39	112	9	12	47	44
80	136	34	102	27	75	5	3	30	37
76	107	22	85	30	55	4	5	22	24
72 or less	335	92	243	84	159	14	15	76	54
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
100	3.1	3.0	3.1	1.3	3.7	3.6	1.5	1.2	5.3
96	21.4	17.5	22.6	16.9	24.4	32.1	9.2	14.5	29.8
92	19.8	17.8	20.4	16.6	21.6	27.1	16.9	19.0	22.3
88	15.4	14.8	15.6	17.1	15.1	14.3	18.5	13.4	16.0
84	10.6	12.7	10.0	10.4	9.8	6.4	18.5	13.9	7.3
80	7.0	7.9	6.7	7.2	6.6	3.6	4.6	8.9	6.3
76	5.5	5.1	5.6	8.0	4.9	2.9	7.7	6.5	4.0
72 or less	17.2	21.2	16.0	22.5	13.9	10.0	23.1	22.6	9.0

Total percent	100.0	22.2	77.8	24.7	75.3	12.3	5.7	29.5	52.5
100	100.0	21.7	78.3	10.6	89.4	11.9	2.4	9.5	76.2
96	100.0	18.2	81.8	18.4	81.6	16.1	2.2	17.5	64.2
92	100.0	19.9	80.1	20.1	79.9	15.3	4.5	25.9	54.3
88	100.0	21.3	78.7	27.0	73.0	11.6	6.9	26.0	55.5
84	100.0	26.7	73.3	25.8	74.2	8.0	10.7	42.0	39.3
80	100.0	25.0	75.0	26.5	73.5	6.7	4.0	40.0	49.3
76	100.0	20.6	79.4	35.3	64.7	7.3	9.1	40.0	43.6
72 or less	100.0	27.5	72.5	34.6	65.4	8.8	9.4	47.8	34.0

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19. Veterans' estimates of advantage derived from hospital rehabilitation.—Of veterans who did not apply for VR&E training, a higher percentage (61%) felt they had taken full advantage from hospital rehabilitation than did those who did apply (52.9%).

Among the veterans with VR&E status, the most specially marked group with regard to feeling of having taken full advantage from hospital rehabilitation were those in training at the time of the interview. Of these, 64.3 percent felt they had taken full advantage from hospital rehabilitation. (See table 54, p. 156.)

20. Need for additional VA services at time of interview.—Veterans who applied for VR&E training, who entered training, who had the VR&E status of in training and rehabilitated, uniformly had higher percentages *not* requiring additional VA services than did veterans who did not apply for training, applied and did not enter, or who were in the status of training interrupted or training discontinued. (See table 55, p. 157.)

B. EMPLOYMENT

1. Introductory note.—A number of tables giving detail concerning employment of blinded veterans are shown in the ensuing pages.

Certain basic comparisons of the employed and unemployed have already been shown and briefly sketched on pages 101 and 104.

A rounding out of all available data on this subject has special importance in view of the close correlation shown between employment and interview summary evaluation as well as other evidences of socially acceptable performance.

Many approaches to this whole subject are provided in the material available. Whatever approach is taken will lead necessarily to data concerning change of employment status with the onset of blindness in the lives of the veterans studied. Since this is the case, data will be grouped around this subject.

In order to clarify what happened to these veterans from the standpoint of employment, the occupational categories of the Dictionary of Occupations were used to classify both occupations for which veterans were trained before blindness and those in which they were employed at the time of the interview, viz, (a) professional, (b) semiprofessional, (c) managerial and official, (d) clerical and sales, (e) service, (f) agricultural and kindred, (g) skilled, (h) semiskilled, (i) unskilled. These categories are regularly listed in the above order and numbered accordingly.

A scale was developed by the survey consultant in biostatistics for changes upward, downward, and horizontally from the socioeconomic basis, as shown in the code in appendix VI, page 222.

Statistical data regarding occupational changes may be found on pages 158 and 159.

2. Change in occupation since blindness.[9]

a. Major patterns.—Some 60 percent of the blinded veterans were judged from the records to have had training in some occupation other

[9] See table 56, pages 158 and 159, and appendix VI, page 222.

than unskilled before blindness. Skilled and semiskilled occupations accounted for half of the group with some training before blindness. The remainder were distributed over all occupational groups with more in agricultural and kindred and clerical and sales than in professional and managerial and official. Some had never been employed being under employable age.

Only 31.4 percent of the blinded veterans were judged to have had no occupational training before blindness and 7.9 percent were listed as trained in unskilled occupations.

Those without previous training were a little more apt to be working at the time of the interview than those with previous training (53.3% without previous training were working compared to 48.9% of those with training). Of those 7.9 percent whose previous training was in unskilled ocupations, only 37.3 percent were working, a significantly lower proportion compared to those with other training or no training at all.

Less than one-fourth (21.2%) of the blinded veterans on jobs were working in occupations for which they had been trained before blindness. Those in professional and semiprofessional positions, in agricultural and kindred, and in skilled jobs were most likely to have had previous training for these jobs. Those in managerial and official and service and unskilled jobs least often had training in those occupations prior to blindness.

About one-third (32.1%) of those in professional positions at the time of the interview were previously trained for professional work. The remainder of the professional group came largely from the "not trained" group (38.4%) and the skilled group (10.7%).

Only slightly over one fourth (26.3%) of the semiprofessional group had previous training in this work. Another fourth (26.3%) were drawn from those with no previous training and another third about equally from those with previous training in managerial and official, clerical and sales, and the services.

Those in managerial and official jobs were least likely of all to have had training in similar occupations before blindness. Only 11.9 percent of those in such jobs had previous training in them and over one-third (35.7%) had no training in any occupation before blindness.

Those in agricultural and kindred jobs came largely from those with previous training in similar jobs (27.8%) and from those with no training (30.6%).

Those in skilled occupations came largely from those with previous training in such occupations (29.0%) and from semiskilled (22.4%) and no training groups (28.1%).

Those in unskilled occupations were primarily those with previous occupational training in skilled and semiskilled occupations (22.0% and 21.2% respectively) and from those with no training (33.9%).

Those not working at the time of the interview came from all occupational categories before blindness in essentially the same proportions as the working groups. Those previously trained in service occupations, agricultural and kindred, and the unskilled group were somewhat more frequently in the not working group and those with previous professional or

Table 54.—*Estimates of advantage derived from hospital rehabilitation as reported to interviewers related to application for vocational rehabilitation and VR&E status*

Reported estimates of advantage	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training interrupted	Training discontinued	Rehabilitated
Total	1,949	433	1,516	374	1,142	140	65	337	600
Felt they took full advantage	1,066	264	802	184	618	90	30	173	325
Did not feel they took full advantage	883	169	714	190	524	50	35	164	275
Desired such services at time of interview	121	23	98	22	76	9	7	23	37
Did not desire such services	762	146	616	168	448	41	28	141	238
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Felt they took full advantage	54.7	61.0	52.9	49.2	54.1	64.3	46.2	51.3	54.2
Did not feel they took full advantage	45.3	39.0	47.1	50.8	45.9	35.7	53.8	48.7	45.8
Desired such services at time of interview	13.7	13.6	13.7	11.6	14.5	18.0	20.0	14.0	13.5
Did not desire such services	86.3	86.4	86.3	88.4	85.5	82.0	80.0	86.0	86.5
Total percent	100.0	22.2	77.8	24.7	75.3	12.3	5.7	29.5	52.5
Felt they took full advantage	100.0	24.8	75.2	22.9	77.1	14.6	4.8	28.0	52.6
Did not feel they took full advantage	100.0	19.1	80.9	26.6	73.4	9.5	6.7	31.3	52.5
Desired such services at time of interview	100.0	19.0	81.0	22.4	77.6	11.8	9.2	30.3	48.7
Did not desire such services	100.0	19.2	80.8	27.3	72.7	9.2	6.2	31.5	53.1

Table 55.—*Central office evaluation of need for additional VA services related to application for vocational rehabilitation and VR&E status*

Central office evaluation	Total	Application for vocational rehabilitation and VR &E status							
		Did not apply	Did apply	Estimate of number applying and not entering	Estimate of number applying and entering	VR &E status			
						In training	Training interrupted	Training discontinued	Rehabilitated
Total	1,949	433	1,516	374	1,142	140	65	337	600
Clearly no need for additional VA services	864	171	693	107	586	99	17	109	361
Probably some need	527	122	405	115	290	21	19	111	139
Probably considerable need	287	56	231	80	151	13	19	62	57
Clearly urgent need	271	84	187	72	115	7	10	55	43
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Clearly no need for additional VA services	44.3	39.5	45.7	28.6	51.3	70.7	26.2	32.3	60.2
Probably some need	27.0	28.2	26.7	30.7	25.4	15.0	29.2	32.9	23.2
Probably considerable need	14.7	12.9	15.3	21.4	13.2	9.3	29.2	18.5	9.4
Clearly urgent need	14.0	19.4	12.3	19.3	10.1	5.0	15.4	16.3	7.2
Total percent	100.0	22.2	77.8	24.7	75.3	12.3	5.7	29.5	52.5
Clearly no need for additional VA services	100.0	19.8	80.2	15.4	84.6	16.9	2.9	18.6	61.6
Probably some need	100.0	23.1	76.9	28.4	71.6	7.2	6.6	38.3	47.9
Probably considerable need	100.0	19.5	80.5	34.6	65.4	8.6	12.6	41.1	37.7
Clearly urgent need	100.0	31.0	69.0	38.5	61.5	6.1	8.7	47.8	37.4

End of Table 55

Table 56.—*Occupational classification at time of interview related to occupation for which trained before blindness*

Occupational classification at time of interview	Total	Occupational classification before blindness										
		No occupational classification before blindness (total)	Occupational classification before blindness (total)	Professional	Semiprofessional	Managerial and official	Clerical and sales	Service	Agricultural and kindred	Skilled	Semiskilled	Unskilled
Total	1,949	612	1,337	97	25	34	154	95	160	308	311	153
Not working at time of interview (total)	969	286	683	40	9	13	65	60	86	151	163	96
Working at time of interview (total)	980	326	654	57	16	21	89	35	74	157	148	57
Professional	112	43	69	36	1	1	10	3	--------	12	6	--------
Semiprofessional	19	5	14	1	5	2	2	2	--------	--------	1	1
Managerial and official	84	30	54	4	2	10	8	2	4	6	12	6
Clerical and sales	210	70	140	9	5	5	38	7	7	31	28	10
Service	51	27	24	--------	--------	1	3	7	2	2	8	1
Agricultural and kindred	144	44	100	3	2	1	9	--------	40	20	14	11
Skilled	107	29	78	2	1	--------	5	1	8	31	24	6
Semiskilled	135	38	97	2	--------	1	10	5	9	29	30	11
Unskilled	118	40	78	--------	--------	--------	4	8	4	26	25	11
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Not working at time of interview (total)	49.7	46.7	51.1	41.2	36.0	41.2	42.2	63.2	53.8	49.0	52.4	62.7
Working at time of interview (total)	50.3	53.3	48.9	58.8	64.0	58.8	57.8	36.8	46.2	51.0	47.6	37.3

Professional	11.5	13.2	10.6	63.2	6.2	4.8	11.2	8.6	.0	7.6	4.0	.0
Semiprofessional	1.9	1.5	2.1	1.7	31.2	9.4	2.3	5.7	.0	.0	.7	1.8
Managerial and official	8.6	9.2	8.3	7.0	12.6	47.6	9.0	5.7	5.4	3.8	8.1	10.5
Clerical and sales	21.4	21.5	21.4	15.8	31.2	23.8	42.7	20.0	9.5	19.8	18.9	17.5
Service	5.2	8.3	3.7	.0	.0	4.8	3.4	20.0	2.7	1.3	5.4	1.8
Agricultural and kindred	14.7	13.5	15.3	5.3	12.6	4.8	10.1	.0	54.0	12.7	9.5	19.3
Skilled	10.9	8.9	11.9	3.5	6.2	.0	5.6	2.9	10.8	19.7	16.2	10.5
Semiskilled	13.8	11.6	14.8	3.5	.0	4.8	11.2	14.3	12.2	18.5	20.3	19.3
Unskilled	12.0	12.3	11.9	.0	.0	.0	4.5	22.8	5.4	16.6	16.9	19.3
Total percent	100.0	31.4	68.6	5.0	1.2	1.7	7.9	4.9	8.2	15.8	16.0	7.9
Not working at time of interview (total)	100.0	29.5	70.5	5.9	1.3	1.9	9.5	8.8	12.6	22.1	23.9	14.0
Working at time of interview (total)	100.0	33.3	66.7	8.7	2.5	3.2	13.6	5.4	11.3	24.0	22.6	8.7
Professional	100.0	38.4	61.6	32.1	.9	.9	8.9	2.7	.0	10.7	5.4	.0
Semiprofessional	100.0	26.3	73.7	5.3	26.3	10.5	10.5	10.5	.0	.0	5.3	5.3
Managerial and official	100.0	35.7	64.3	4.8	2.4	11.9	9.5	2.4	4.8	7.1	14.3	7.1
Clerical and sales	100.0	33.3	66.7	4.3	2.4	2.4	18.1	3.3	14.8	14.8	13.3	4.8
Service	100.0	52.9	47.1	.0	.0	2.0	5.9	13.7	3.9	3.9	15.7	2.0
Agricultural and kindred	100.0	30.6	69.4	2.1	1.4	.7	6.2	.0	27.8	13.9	9.7	7.6
Skilled	100.0	27.1	72.9	1.9	.9	.0	4.7	.9	7.5	29.0	22.4	5.6
Semiskilled	100.0	28.1	71.9	1.6	.0	.7	7.4	3.7	6.7	21.5	22.2	8.1
Unskilled	100.0	33.9	66.1	.0	.0	.0	3.4	6.8	3.4	22.0	21.2	9.3

semiprofessional and clerical and sales training, and with no training were somewhat less frequently found in the not working group.

Occupational classification at the time of the interview seems to differ in relation to occupation for which trained before blindness both with respect to continuing in the occupation for which previously trained and in being on a job. Those with previous training in professional, managerial and official, clerical and sales, and agricultural and kindred were most often found in similar occupations since blindness. Those with previous training in service, skilled, semiskilled, and unskilled occupations least often were found in similar positions and in general more often not working. The semiprofessional group lay midway between the extremes. Those whose previous training was in agricultural and kindred, service, semiskilled, and unskilled occupations were most often not working at the time of the interview. (See table 56, p. 158.)

In summary, only about 1 in 6 blinded veterans were in the same occupational classification both before blindness and at the time of the interview. Some 3 in 6 were not working and the remaining 2 out of the 6 were working in some other occupation. Those with professional training or training in managerial and official, clerical and sales, and agricultural and kindred were most apt to continue in that occupation and, except for agricultural training, to be working at some job. Those trained in service jobs, skilled, semiskilled, and unskilled jobs were least often found in similar jobs and except for those trained in skilled jobs were least apt to be working at the time of the interview. Those with no training before blindness were working in all occupational groups and furnished a slightly higher than average proportion of those in professional and managerial and official jobs. While occupational training before blindness in the higher occupational categories tends to influence the occupation since blindness, the majority of veterans are not in occupational classifications in which they were found before blindness, a relatively small proportion continuing in the same classification. Those working but in an occupation different from that for which trained before blindness were found in other occupational groups with little relationship to previous training except that few if any, of those trained in professional, semiprofessional, and managerial and official were found in service, agricultural and kindred, skilled, semiskilled, or unskilled jobs. One-third of those not in the occupation for which trained were in clerical and sales occupations. Similarly, few, if any, of those with previous training in agricultural and kindred, skilled, semiskilled, or unskilled occupations were found in professional, semiprofessional, or managerial and official occupations since blindness and there was movement into clerical and sales jobs from this group.

b. Dissimilarities by occupational changes (questions 34 and 68).—The groups showing occupational change included a greater proportion of veterans who had gone to high school and college than did the group experiencing no occupational changes. (See table 57, p. 161.)

The three groups experiencing occupational changes upward, downward, and horizontal all included a higher percentage of men who had applied for VR&E training than had those who experienced no change. The "horizontal" group included a higher proportion of men who applied and

entered training, a smaller proportion who applied and did not enter. The group showing downward change included fewer in proportion who had VR&E status of in training and fewer in proportion who had the VR&E status of rehabilitated. (See table 47, p. 146.)

No unusual proportions of partially seeing veterans contrasted with veterans having no useful sight were found in these comparisons. (See table 58, p. 162.)

With regard to the manner of obtaining employment, it was found that veterans experiencing occupational changes contained a higher percentage who had received help of some kind in obtaining employment, that the no change group included more in proportion who had found employment on their own initiative. (See table 59, p. 163.)

Veterans who made a horizontal change of employment included higher percentages of veterans who had higher interview summary evaluation scores. Veterans with high scores had a greater proportion with no change, and a lesser proportion with downward change. (See table 60, p. 164.)

3. Dissimilarity between self-employed subgroups and subgroups employed by others.—A higher percentage of veterans who were self-employed had no useful sight than did veterans employed by others. (See table 61, p. 165.)

Table 57.—*Change in occupational classification since blindness related to education before blindness*

Change in occupational classification since blindness	Education before blindness						
	Total	Elementary school	High school	College	Graduate school	Vocational school	No school
Total	1,949	661	1,009	231	28	14	6
No change	208	57	98	43	7	2	1
"Upward" change	139	34	87	16	2	--------	--------
"Downward" change	123	32	71	15	2	3	--------
"Horizontal" change	182	45	110	24	2	1	--------
Not applicable	1,297	493	643	133	15	8	5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No change	10.7	8.6	9.7	18.6	25.1	14.3	16.7
"Upward" change	7.1	5.2	8.6	6.9	7.1	.0	.0
"Downward" change	6.3	4.8	7.1	6.5	7.1	21.4	.0
"Horizontal" change	9.3	6.8	10.9	10.4	7.1	7.2	.0
Not applicable	66.6	74.6	63.7	57.6	53.6	57.1	83.3

Table 58.—*Change in occupational classification since blindness related to amount of sight*

Change in occupational classification since blindness	Amount of sight		
	Total	Partial sight	No useful sight
Total	1,949	1,094	855
No change	208	141	67
"Upward" change	139	91	48
"Downward" change	123	77	46
"Horizontal" change	182	109	73
Not applicable	1,297	676	621
Total percent	100.0	100.0	100.0
No change	10.7	12.9	7.8
"Upward" change	7.1	8.3	5.6
"Downward" change	6.3	7.0	5.4
"Horizontal" change	9.3	10.0	8.6
Not applicable	66.6	61.8	72.6

4. Dissimilarities by manner in which subgroups had obtained employment.—Veterans who obtained employment through VA training officers and other VA officials were more frequently men with no useful sight than were groups of veterans who had obtained jobs through other channels. (See table 62, p. 165.)

The subgroup of veterans who obtained employment through State or Federal employment agencies, VA training officers and State agencies for the blind contained a higher percentage working 40 hours than did other employed veterans. (See table 65, p. 168.)

Subgroups of veterans who obtained employment on their own initiative, through State or Federal employment agencies, the VA training officer, and State agencies for the blind contained higher percentages satisfied with their jobs than were subgroups who obtained employment through other sources. (See table 64, p. 167.)

Subgroups of veterans who obtained employment through State or Federal employment agencies or friends or relatives less frequently had entered VR&E training than had other employed veterans. (See table 51, p. 150.)

Subgroups of veterans who obtained their jobs through State and Federal employment agencies, friends or relatives, or on their own initiative more frequently had VR&E status of "training discontinued" than did other employed veterans. By contrast veterans who obtained employment through State and private agencies for the blind more frequently included a higher percentage of veterans with the VR&E status of "rehabilitated." (See table 51, p. 150.)

Table 59.—*Changes in occupational classification since blindness related to how employment was obtained*

Change in occupational classification since blindness	Total	How employment was obtained							
		State or Federal employment agency	VA training officer	Other VA official	State agency for the blind	Private agency for the blind	Friend or relative	Own initiative	Not applicable
Total	1,949	37	153	10	47	11	110	612	969
No change	208	4	27	1	9	2	14	151	----------
"Upward" change	139	2	21	----------	9	1	17	89	----------
"Downward" change	123	8	16	1	3	----------	16	79	----------
"Horizontal" change	182	6	35	5	11	2	20	103	----------
Not applicable	1,297	17	54	3	15	6	43	190	969
Total percent	100.0	1.9	7.9	.5	2.4	.6	5.6	31.4	49.7
No change	100.0	1.9	13.0	.5	4.3	1.0	6.7	72.6	.0
"Upward" change	100.0	1.4	15.1	.0	6.6	.7	12.2	64.0	.0
"Downward" change	100.0	6.5	13.0	.9	2.4	.0	13.0	64.2	.0
"Horizontal" change	100.0	3.3	19.3	2.7	6.0	1.1	11.0	56.6	.0
Not applicable	100.0	1.3	4.2	.2	1.2	.5	3.3	14.6	74.7

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Table 60.—*Change in occupational classification since blindness related to interview summary evaluation*

Change in occupational classification since blindness	Total	Interview summary evaluation							
		100	96	92	88	84	80	76	72 or less
Total	1,949	60	418	386	301	206	136	107	335
No change	208	10	55	60	37	19	8	9	10
"Upward" change	139	6	40	30	31	13	5	4	10
"Downward" change	123	3	32	32	17	10	14	3	12
"Horizontal" change	182	14	63	29	32	11	10	8	15
Not applicable	1,297	27	228	235	184	153	99	83	288
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No change	10.7	16.7	13.2	15.5	12.3	9.2	5.8	8.4	3.0
"Upward" change	7.1	10.0	9.6	7.8	10.3	6.3	3.7	3.7	3.0
"Downward" change	6.3	5.0	7.7	8.3	5.6	4.9	10.3	2.8	3.5
"Horizontal" change	9.3	23.3	15.0	7.5	10.6	5.3	7.4	7.5	4.5
Not applicable	66.6	45.0	54.5	60.9	61.2	74.3	72.8	77.6	86.0
Total	100.0	3.1	21.4	19.8	15.4	10.6	7.0	5.5	17.2
No change	100.0	4.8	26.4	28.9	17.8	9.1	3.9	4.3	4.8
"Upward" change	100.0	4.3	28.8	21.5	22.3	9.4	3.6	2.9	7.2
"Downward" change	100.0	2.4	26.0	26.0	13.9	8.1	11.4	2.4	9.8
"Horizontal" change	100.0	7.7	34.6	15.9	17.6	6.0	5.6	4.4	8.2
Not applicable	100.0	2.1	17.6	18.1	14.2	11.8	7.6	6.4	22.2

End of Table 60

Table 61.—*Employer-employee relationship related to amount of sight*

Employer-employee relationship	Amount of sight		
	Total	Partial sight	No useful sight
Total	980	622	358
Self-employed	366	203	163
Employed by others	513	351	162
Other	101	68	33
Not applicable	(969)	(472)	(497)
Total percent	100.0	63.5	36.5
Self-employed	100.0	55.5	44.5
Employed by others	100.0	68.4	31.6
Other	100.0	67.3	32.7
Not applicable	----------	----------	----------

End of Table 61

Table 62.—*How employment was obtained related to amount of sight*

How employment was obtained	Total	Amount of sight	
		Partial sight	No useful sight
Total	980	622	358
State or Federal employment agency	37	25	12
VA training officer	153	66	87
Other VA official	10	4	6
State agency for the blind	47	21	26
Private agency for the blind	11	8	3
Friend or relative	110	88	22
Own initiative	612	410	202
Not applicable	(969)	(472)	(497)
Total percent	100.0	63.5	36.5
State or Federal employment agency	100.0	67.5	32.5
VA training officer	100.0	43.1	56.9
Other VA official	100.0	40.0	60.0
State agency for the blind	100.0	44.7	55.3
Private agency for the blind	100.0	72.7	27.3
Friend or relative	100.0	80.0	20.0
Own initiative	100.0	67.0	33.0
Not applicable	----------	----------	----------

End of Table 62

Table 63.—*How employment was obtained related to education before blindness*

How employment was obtained	Total	Education before blindness		
		Elementary school	High school	College
Total	1,949	667	1,023	259
State or Federal employment agency	37	9	23	5
VA training officer	153	51	90	12
Other VA official	10	3	4	3
State agency for the blind	47	13	29	5
Private agency for the blind	11	3	5	3
Friend or relative	110	30	67	13
Own initiative	612	142	341	129
Not applicable	(969)	(416)	(464)	(89)
Total per cent	100.0	100.0	100.0	100.0
State or Federal employment agency	3.8	3.6	4.1	2.9
VA training officer	15.6	20.3	16.1	7.1
Other VA official	1.0	1.2	.7	1.8
State agency for the blind	4.8	5.2	5.2	2.9
Private agency for the blind	1.1	1.2	.9	1.8
Friend or relative	11.2	11.9	12.0	7.6
Own initiative	62.5	56.6	61.0	75.9
Not applicable	----------	----------	----------	----------
Total	100.0	34.2	52.5	13.3
State or Federal employment agency	100.0	24.3	62.2	13.5
VA training officer	100.0	33.3	58.8	7.9
Other VA official	100.0	30.0	40.0	30.0
State agency for the blind	100.0	27.7	61.7	10.6
Private agency for the blind	100.0	27.3	45.4	27.3
Friend or relative	100.0	27.3	60.9	11.8
Own initiative	100.0	23.2	55.7	21.1
Not applicable	100.0	42.9	47.9	9.2

5. Dissimilarities by subgroups receiving and not receiving sighted help on their jobs.—Almost twice as many veterans employed in the professional category required sighted help on their jobs as those not requiring sighted help. There was also a higher percentage in the semiprofessional, managerial and official, clerical and sales, agricultural and kindred categories. Those not requiring sighted help had a higher proportion in service, skilled, semiskilled, and unskilled occupations. (See table 66, p. 169.)

The subgroup requiring sighted help on the job included a smaller percentage who had had high school education and a larger percentage who had had college education than the subgroup who did not require sighted help on their jobs. However, an almost equal percentage of the two subgroups had had elementary school education only. (See table 67, p. 169.)

Table 64.—*Employment status and job satisfaction related to how employment was obtained*

Employment status and job satisfaction	Total	How employment was obtained							
		State or Federal employment agency	VA training officer	Other VA official	State agency for the blind	Private agency for the blind	Friend or relative	Own initiative	Not applicable
Total	1,949	37	153	10	47	11	110	612	969
Not working	969	----------	----------	----------	----------	----------	----------	----------	969
Working	980	37	153	10	47	11	110	612	----------
Found job satisfying	806	31	126	7	38	8	82	514	----------
Did not find job satisfying	174	6	27	3	9	3	28	98	----------
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Not working	49.7	.0	.0	.0	.0	.0	.0	.0	100.0
Working	50.3	100.0	100.0	100.0	100.0	100.0	100.0	100.0	.0
Found job satisfying	82.2	83.8	82.4	70.0	80.9	72.7	74.5	84.0	.0
Did not find job satisfying	17.8	16.2	17.6	30.0	19.1	27.3	25.5	16.0	.0

Table 65.—*Length of workweek related to how employment was obtained*

Length of workweek	Total	How employment was obtained							
		State or Federal employment agency	VA training officer	Other VA official	State agency for the blind	Private agency for the blind	Friend or relative	Own initiative	Not applicable
Total	1,949	37	153	10	47	11	110	612	969
0– 9 hours	42	----------	1	----------	1	1	5	34	----------
10–19 hours	47	----------	4	----------	----------	----------	13	30	----------
20–29 hours	81	1	9	1	2	----------	20	48	----------
30–39 hours	102	5	10	1	3	1	15	67	----------
40–49 hours	553	29	112	6	35	7	43	321	----------
50–59 hours	79	1	14	2	5	1	4	52	----------
60 hours and over	76	1	3	0	1	1	10	60	----------
Not applicable	969	----------	----------	----------	----------	----------	----------	----------	969
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
0– 9 hours	2.2	.0	.7	.0	2.0	9.1	4.6	5.6	.0
10–19 hours	2.4	.0	2.6	.0	.0	.0	11.8	4.9	.0
20–29 hours	4.2	2.7	5.8	10.0	4.3	.0	18.2	7.8	.0
30–39 hours	5.2	13.5	6.5	10.0	6.4	9.1	13.6	10.9	.0
40–49 hours	28.4	78.4	73.2	60.0	74.6	63.6	39.1	52.5	.0
50–59 hours	4.1	2.7	9.2	20.0	10.6	9.1	3.6	8.5	.0
60 hours or over	3.8	2.7	2.0	.0	2.1	9.1	9.1	9.8	.0
Not applicable	49.7	.0	.0	.0	.0	.0	.0	.0	100.0

End of Table 65

Table 66.—*Occupational classification at time of interview related to sighted help on job*

Occupational classification at time of interview	Sighted help on job			
	Total	Required	Not required	Not applicable
Total	1,949	481	499	969
Professional	112	73	39	----------
Semiprofessional	19	14	5	----------
Managerial and official	84	53	31	----------
Clerical and sales	210	117	93	----------
Service	51	19	32	----------
Agricultural and kindred	144	94	50	----------
Skilled	107	41	66	----------
Semiskilled	135	42	93	----------
Unskilled	118	28	90	----------
Not applicable	969	----------	----------	969
Total percent	100.0	100.0	100.0	100.0
Professional	5.7	15.2	7.8	.0
Semiprofessional	1.0	2.9	1.0	.0
Managerial and official	4.3	11.0	6.2	.0
Clerical and sales	10.8	24.3	18.7	.0
Service	2.6	4.0	6.4	.0
Agricultural and kindred	7.4	19.5	10.0	.0
Skilled	5.5	8.5	13.2	.0
Semiskilled	6.9	8.8	18.7	.0
Unskilled	6.1	5.8	18.0	.0
Not applicable	49.7	.0	.0	100.0

End of Table 66

Table 67.—*Sighted help on job related to education before blindness*

Sighted help on job	Education before blindness			
	Total	Elementary school	High school	College
Total	1,949	667	1,023	259
Required sighted help on job	481	123	250	108
Did not require sighted help on job	499	128	309	62
Not applicable	969	416	464	89
Total percent	100.0	34.2	52.5	13.3
Required sighted help on job	100.0	25.6	52.0	22.4
Did not require sighted help on job	100.0	25.7	61.9	12.4
Not applicable	100.0	42.9	47.9	9.2

The subgroup not requiring sighted help on the job included a higher percentage of veterans divorced or separated from their spouses than the group requiring sighted help. (See table 68, p. 171.) There was also a smaller percentage who were satisfied with their jobs. (See table 75, p. 175.)

6. Dissimilarities between subgroups satisfied with their jobs and not satisfied.—Veterans satisfied with their jobs differed from veterans not satisfied with their jobs as follows:

Veterans satisfied with their jobs had a higher percentage with no useful sight (38.3% compared with 28.2% as shown in table 69, p. 171); a higher percentage with the VR&E status of "rehabilitated" (84.0% compared with 16.0% as shown in table 40, p. 139); a higher percentage who were thought by interviewers to be able to cope with community attitudes toward blindness (94.9% compared with 82.8% as shown in table 70, p. 172); a higher percentage who felt they had taken full advantage from hospital rehabilitation (56.9% compared with 47.7% as shown in table 71, p. 172); higher percentages with high interview summary evaluation scores (See table 72, p. 173); a higher percentage employed in professional, semiprofessional, managerial, and official, agricultural and kindred, and skilled occupations (See table 73, p. 174); very much higher percentage who had no need for additional VA services (See table 74, p. 175); a higher percentage who required sighted help on their jobs (51.1% compared with 39.7% as shown in table 75, p. 175).

Veterans satisfied with their jobs more often were not desirous of being hospitalized for blind rehabilitation treatment. (See table 71, p. 172.)

7. Occupational classification at the time of the interview.

a. Related to amount of sight.—A slightly higher percentage of veterans with partial sight was found in all occupational categories with the exception of the semiskilled, skilled, and the semiprofessional groups where the balance was almost equal. (See table 76, p. 176.)

b. Related to sighted help on job.—When the present occupational classification of blinded veterans is related to whether or not they require sighted assistance to perform their jobs, it is found that a higher proportion of the veterans who are classified as "professional," "semiprofessional," "managerial and official," "clerical and sales," and "agricultural and kindred" required sighted help. More than half of those employed in "service" and "skilled" occupations did not require such assistance. Two-thirds of those in "semiskilled" occupations did not require sighted help. (See table 66, p. 169.)

c. Related to interview summary evaluation.—Those working in professional, semiprofessional, managerial and official, clerical and sales, and agricultural and kindred occupations tend to have higher interview summary evaluation (scores of 92 and higher on the average) than those in other occupations. (See table 77, p. 178.)

Table 68.—*Marital status related to sighted help on job*

Marital status	Sighted help on job			
	Total	Required	Not required	Not applicable
Total	1,949	481	499	969
Married	1,508	429	421	658
Never married	312	45	49	218
Widowed	9	----------	2	7
Divorced	78	7	18	53
Separated	42	----------	9	33
Total percent	100.0	100.0	100.0	100.0
Married	77.4	89.2	84.4	67.9
Never married	16.0	9.4	9.8	22.5
Widowed	.5	.0	.4	.7
Divorced	4.0	1.4	3.6	5.5
Separated	2.1	.0	1.8	3.4
Total percent	100.0	24.7	25.6	49.7
Married	100.0	28.5	27.9	43.6
Never married	100.0	14.4	15.7	69.9
Widowed	100.0	.0	22.2	77.8
Divorced	100.0	9.0	23.1	67.9
Separated	100.0	.0	21.4	78.6

End of Table 68

Table 69.—*Employment status and job satisfaction related to amount of sight*

Employment status and job satisfaction	Amount of sight		
	Total	Partial sight	No useful sight
Total	1,949	1,094	855
Not currently working	969	472	497
Working	980	622	358
Satisfied with job	806	497	309
Not satisfied with job	174	125	49
Total percent	100.0	56.1	43.9
Not currently working	100.0	48.7	51.3
Working	100.0	63.5	36.5
Satisfied with job	100.0	61.7	38.3
Not satisfied with job	100.0	71.8	28.2

End of Table 69

Table 70.—*Appearance of confidence in ability to cope with community attitudes related to employment status and job satisfaction*

Appearance of confidence in ability to cope with community attitudes	Total	Employment status and job satisfaction			
		Not working	Working		
			Total	Found job satisfying	Did not find job satisfying
Total	1,949	969	980	806	174
Appeared able to cope satisfactorily	1,713	804	909	765	144
Did not appear able to cope satisfactorily	236	165	71	41	30
Total percent	100.0	100.0	100.0	100.0	100.0
Appeared able to cope satisfactorily	87.9	83.0	92.8	94.9	82.8
Did not appear able to cope satisfactorily	12.1	17.0	7.2	5.1	17.2

End table 70

Table 71.—*Estimate of advantage derived from hospital rehabilitation as reported to interviewers related to employment status and job satisfaction*

Estimate of advantage derived	Total	Employment status and job satisfaction			
		Not working	Working		
			Total	Found job satisfying	Did not find job satisfying
Total	1,949	969	980	806	174
Felt he took full advantage	1,066	524	542	459	83
Did not feel he took full advantage	883	445	438	347	91
Desired such services at the time of interview	121	77	44	32	12
Did not desire such services	762	368	394	315	79
Total percent	100.0	100.0	100.0	100.0	100.0
Felt he took full advantage of services	54.7	54.1	55.3	56.9	47.7
Did not feel he took full advantage of services	45.3	45.9	44.7	43.1	52.3
Desired such services at the time of interview	13.7	17.3	10.0	9.2	13.2
Did not desire such services	86.3	82.7	90.0	90.8	86.8

End of Table 71

Table 72.—*Interview summary evaluation related to employment status and job satisfaction*

Interview summary evaluation	Total	Employment status and job satisfaction			
		Not working	Working	Found job satisfying	Did not find job satisfying
Total	1,949	969	980	806	174
100	60	15	45	43	2
96	418	129	289	281	8
92	386	149	237	204	33
88	301	133	168	133	35
84	206	122	84	60	24
80	136	83	53	33	20
76	107	72	35	19	16
72 or less	335	266	69	33	36
Total	100.0	49.7	50.3	82.2	17.8
100	100.0	25.0	75.0	95.6	4.4
96	100.0	30.9	69.1	97.2	2.8
92	100.0	38.6	61.4	86.1	13.9
88	100.0	44.2	55.8	79.2	20.8
84	100.0	59.2	40.8	71.4	28.6
80	100.0	61.0	39.0	62.3	37.7
76	100.0	67.3	32.7	54.3	45.7
72 or less	100.0	79.4	20.6	47.8	52.2

8. Length of workweek.

a. Compared with interviewers' estimates of attitude toward life.—Of those veterans working 50–59 hours, 97.5 percent appear to have a positive attitude toward life, in the opinion of the social workers. A tapering off occurs among veterans working 60 hours or more. There are 90.8 percent of these having been recorded as having a positive attitude. There is a steady drop of the percentage of men who have positive attitudes toward life as the number of hours of work decreases down to those working 10 to 19 hours. However, the percentage of those with positive attitudes rises with the 0–9 hour group, which includes almost as many who enjoy job satisfaction as the 40–49 hours group. (See table 78, p. 179.)

b. Related to interview summary evaluation.—When interview summary evaluation scores are compared to employment status, there is a steady decrease in the number of self-employed as the interview summary evaluation scores go down. This begins with 38.3 percent of the group with 100 scores who are self-employed and goes down to 7.5 percent of those with scores of 72 or less who are self-employed. (See table 79, p. 180.)

When interview summary evaluation scores were related to the length of workweek, it was found that larger percentages working longer were found among groups with higher scores. (See table 80, p. 181.)

Table 73.—*Job satisfaction related to occupational classification at time of interview*

Job satisfaction	Total	Occupational classification at time of interview									
		Professional	Semi-professional	Managerial and official	Clerical and sales	Service	Agricultural and kindred	Skilled	Semi-skilled	Unskilled	Not applicable
Total	1,949	112	19	84	210	51	144	107	135	118	969
Found job satisfying	806	102	17	74	172	42	129	91	104	75	--------
Did not find job satisfying	174	10	2	10	38	9	15	16	31	43	--------
Not applicable	969	--------	--------	--------	--------	--------	--------	--------	--------	--------	969
Total percent	100.0	5.7	1.0	4.3	10.8	2.6	7.4	5.5	6.9	6.1	49.7
Found job satisfying	100.0	12.7	2.1	9.2	21.3	5.2	16.0	11.3	12.9	9.3	.0
Did not find job satisfying	100.0	5.7	1.1	5.8	21.8	5.3	8.6	9.2	17.8	24.7	.0
Not applicable	100.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	100.0

Table 74.—*Central office evaluation of need for additional VA services, related to employment status and job satisfaction*

Central office evaluation	Total	Employment status and job satisfaction			
		Not working	Working	Found job satisfying	Did not find job satisfying
Total	1,949	969	980	806	174
Clearly no need for further services	864	171	693	622	71
Probably some need	527	321	206	134	72
Probably considerable need	287	233	54	30	24
Clearly urgent need	271	244	27	20	7
Total percent	100.0	100.0	100.0	100.0	100.0
Clearly no need for further services	44.3	17.6	70.7	77.2	40.8
Probably some need	27.0	33.2	21.0	16.6	41.4
Probably considerable need	14.7	24.0	5.5	3.7	13.8
Clearly urgent need	14.0	25.2	2.8	2.5	4.0

Table 75.—*Job satisfaction related to sighted help on job*

Job satisfaction	Sighted help on job			
	Total	Required	Not required	Not applicable
Total	1,949	481	499	969
Found job satisfying	806	412	394	----------
Did not find job satisfying	174	69	105	----------
Not applicable	969	----------	----------	969
Total percent	100.0	24.7	25.6	49.7
Found job satisfying	100.0	51.1	48.9	.0
Did not find job satisfying	100.0	39.7	60.3	.0
Not applicable	100.0	.0	.0	100.0

Table 76.—*Occupational classification at time of interview related to amount of sight*

Occupational classification at time of interview	Total	Amount of sight: Partial sight	Amount of sight: No useful sight
Total	1,949	1,094	855
Professional	112	69	43
Semiprofessional	19	10	9
Managerial and official	84	54	30
Clerical and sales	210	125	85
Service	51	44	7
Agricultural and kindred	144	101	43
Skilled	107	61	46
Semiskilled	135	75	60
Unskilled	118	83	35
Not applicable	969	472	497
Total percent	100.0	100.0	100.0
Professional	5.7	6.3	5.0
Semiprofessional	1.0	.9	1.1
Managerial and official	4.3	4.9	3.5
Clerical and sales	10.8	11.4	10.0
Service	2.6	4.0	.8
Agricultural and kindred	7.4	9.3	5.0
Skilled	5.5	5.6	5.4
Semiskilled	6.9	6.9	7.0
Unskilled	6.1	7.6	4.1
Not applicable	49.7	43.1	58.1
Total percent	100.0	56.1	43.9
Professional	100.0	61.6	38.4
Semiprofessional	100.0	52.6	47.4
Managerial and official	100.0	64.3	35.7
Clerical and sales	100.0	59.5	40.5
Service	100.0	86.3	13.7
Agricultural and kindred	100.0	70.1	29.9
Skilled	100.0	57.0	43.0
Semiskilled	100.0	55.6	44.4
Unskilled	100.0	70.3	29.7
Not applicable	100.0	48.7	51.3

9. Percentage employed *(by subgroups)*.—In contemplating the causes of employment and unemployment among blinded veterans, one means of arriving at an understanding of the facts is by scrutinizing the size of subgroups employed, these subgroups being determined by criteria other than blindness. For this purpose the following employment percentages are shown concerning a number of subgroups formed in the course of the processes of the study. It is sufficiently revealing of correlation between resources and weaknesses apart from blindness as to require little or no commentary.

Total		*Percent*
864	Group requiring no additional VA services (693)	80.2
28	Group with graduate school education before blindness (22)	78.6
600	Group with VR&E status of "rehabilitated" (449)	74.8

Total		Percent
60	Group with Interview Summary Evaluation Score of 100 (45)	75.0
418	Group with Interview Summary Evaluation Score of 96 (289)	69.1
298	Group with 36 months and more VR&E training (192)	64.4
231	Group with college education before blindness (148)	64.1
129	Group with 24–29 months and more VR&E training (81)	62.8
386	Group with Interview Summary Evaluation Score of 92 (237)	61.4
269	Group with "on-the-job" training (165)	61.3
252	Group visually disabled 10 years or more (151)	59.9
87	Group with 30–35 months of VR&E training (52)	59.8
309	Group with "on-the-job and institutional" training (183)	59.2
149	Group in doubt about chances of seeing 2–8 weeks (87)	58.4
1,198	Group having one or more dependent children (697)	58.2
1,094	Group with partial sight (622)	56.9
1,508	Married group (850)	56.4
986	Group visually disabled 8–9 years (551)	55.9
301	Group with Interview Summary Evaluation Score of 88 (168)	55.8
143	Group with 12–17 months VR&E training (79)	55.2
107	Group with 18–23 months VR&E training (59)	55.1
1,009	Group with high school education before blindness (552)	54.7
713	Group blinded between the ages of 20–24 (383)	53.7
425	Group in doubt about chances of seeing more than 2 years (224)	52.7
882	Group blinded by disease (462)	52.4
166	Group blinded before the age of 20 (87)	52.4
315	Group in doubt about chances of seeing 2–10 months (160)	50.8
548	Group blinded between the ages of 25–29 (275)	50.2
207	Group blinded between the ages of 30–34 (104)	50.2
342	Group in doubt about chances of seeing less than 2 weeks (171)	50.0
539	Group with "institutional" training (268)	49.7
1,067	Group blinded by injury (518)	48.5
517	Group who experienced no doubt about chances of seeing (248)	48.0
201	Group in doubt about chances of seeing 10 months to 2 years (90)	44.8
181	Group with 1–5 months VR&E training (81)	44.8
489	Group visually disabled 6–7 years (218)	44.6
86	Group visually disabled 4–5 years (37)	43.0
337	Group with VR&E status of "training discontinued" (142)	42.1
172	Group with 6–11 months VR&E training (72)	41.9
855	Group with no useful sight (358)	41.9
315	Group 35 years of age and older when visually disabled (131)	41.6
206	Group with Interview Summary Evaluation score of 84 (84)	40.8
527	Group with some need for additional VA services (206)	39.1
136	Group with Interview Summary Evaluation score of 80 (53)	39.0
661	Group with elementary school education before blindness (250)	37.8
65	Group with VR&E status of "training interrupted" (22)	33.8
107	Group with Interview Summary Evaluation score of 76 (35)	32.7
78	Group divorced (25)	32.1
312	Group never married (94)	30.1
140	Group with VR&E status of "in training" (33)	23.6
42	Group separated (marital status) (9)	21.4
335	Group with Interview Summary Evaluation score of 72 or less (69)	20.6
100	Group visually disabled 2–3 years (19)	19.0
6	Group with no schooling (1)	16.7
36	Group visually disabled 1 year or less (4)	11.1
271	Group with urgent need for additional VA services (27)	10.0

Table 77.—*Interview summary evaluation related to classification at time of interview*

Occupational classification at time of interview	Total	Interview summary evaluation							
		100	96	92	88	84	80	76	72 or less
Total	1,949	60	418	386	301	206	136	107	335
Professional	112	6	34	30	22	14	0	1	5
Semiprofessional	19	1	7	4	3	------	------	------	4
Managerial and official	84	3	34	21	12	6	4	2	2
Clerical and sales	210	14	61	45	34	18	13	9	16
Service	51	------	11	16	5	3	6	4	6
Agricultural and kindred	144	11	46	37	23	7	8	5	7
Skilled	107	4	30	28	20	10	3	4	8
Semiskilled	135	3	46	23	31	10	8	6	8
Unskilled	118	3	20	33	18	16	11	4	13
Not applicable	969	15	129	149	133	122	83	72	266
Total percent	100.0	3.1	21.4	19.8	15.4	10.6	7.0	5.5	17.2
Professional	100.0	5.4	30.4	26.8	19.5	12.5	.0	.9	4.5
Semiprofessional	100.0	5.3	36.8	21.0	15.8	.0	.0	.0	21.1
Managerial and official	100.0	3.5	40.5	25.0	14.3	7.1	4.8	2.4	2.4
Clerical and sales	100.0	6.7	29.0	21.4	16.2	8.6	6.2	4.3	7.6
Service	100.0	.0	21.5	31.4	9.8	5.9	11.8	7.8	11.8
Agricultural and kindred	100.0	7.5	31.9	25.7	16.0	4.9	5.6	3.5	4.9
Skilled	100.0	3.7	28.0	26.4	18.7	9.3	2.8	3.7	7.4
Semiskilled	100.0	2.2	34.2	17.0	23.0	7.4	5.9	4.4	5.9
Unskilled	100.0	2.5	16.9	28.0	15.3	13.6	9.3	3.4	11.0
Not applicable	100.0	1.5	13.3	15.4	13.7	12.6	8.6	7.4	27.5

Table 77

Table 78.—*Interviewers' estimates of attitude toward life related to length of workweek*

Interviewers' estimates of attitude toward life	Total	Length of workweek							
		1–9	10–19	20–29	30–39	40–49	50–59	60 hours or more	Not working and number of hours not given
Total	1,949	27	47	81	102	553	79	76	984
Accepted life positively	1,608	25	40	72	93	523	77	69	709
Did not accept life positively	341	2	7	9	9	30	2	7	275
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Accepted life positively	82.5	92.6	85.1	88.9	91.2	94.6	97.5	90.8	72.0
Did not accept life positively	17.5	7.4	14.9	11.1	8.8	5.4	2.5	9.2	28.0

462500—58——13

Table 79.—*Employer-employee relationship related to interview summary evaluation*

Interview summary evaluation scores	Total	Employer-employee relationship			
		Employed by others	Self-employed	Not applicable	Other
Total	1,949	513	366	969	101
100	60	16	23	15	6
96	418	152	118	129	19
92	386	116	93	149	28
88	301	95	56	133	17
84	206	46	29	122	9
80	136	29	14	83	10
76	107	23	8	72	4
72 or less	335	36	25	266	8
Total percent	100.0	26.3	18.8	49.7	5.2
100	100.0	26.7	38.3	25.0	10.0
96	100.0	36.4	28.2	30.9	4.5
92	100.0	30.1	24.1	38.5	7.3
88	100.0	31.6	18.6	44.2	5.6
84	100.0	22.3	14.1	59.2	4.4
80	100.0	21.3	10.3	61.0	7.4
76	100.0	21.5	7.5	67.3	3.7
72 or less	100.0	10.7	7.5	79.4	2.4

Table 80.—*Interview summary evaluation related to length of workweek*

Interview summary evaluation scores	Total	Length of workweek							
		1–9 hours	10–19 hours	20–29 hours	30–39 hours	40–49 hours	50–59 hours	60 hours or over	Not applicable
Total	1,949	27	47	81	102	553	79	76	984
100	60	1	----------	4	4	25	4	4	18
96	418	7	8	20	24	173	26	28	132
92	386	8	13	21	23	121	27	22	151
88	301	4	9	10	17	113	8	5	135
84	206	4	5	10	12	41	5	5	124
80	136	----------	4	6	9	24	3	5	85
76	107	1	3	----------	2	24	2	3	72
72 or less	335	2	5	10	11	32	4	4	267
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
100	3.1	3.7	.0	4.9	3.9	4.5	5.1	5.3	1.8
96	21.4	26.0	17.0	24.6	23.5	31.3	32.9	36.8	13.4
92	19.8	29.6	27.7	25.9	22.5	21.9	34.2	28.9	15.4
88	15.4	14.8	19.2	12.4	16.7	20.5	10.1	6.6	13.7
84	10.6	14.8	10.6	12.4	11.8	7.4	6.3	6.6	12.6
80	7.0	.0	8.5	7.4	8.8	4.3	3.8	6.6	8.7
76	5.5	3.7	6.4	.0	2.0	4.3	2.5	3.9	7.3
72 or less	17.2	7.4	10.6	12.4	10.8	5.8	5.1	5.3	27.1
Total percent	100.0	1.4	2.4	4.2	5.2	28.4	4.1	3.8	50.5
100	100.0	1.6	.0	6.7	6.7	41.6	6.7	6.7	30.0
96	100.0	1.7	1.9	4.8	5.7	41.4	6.2	6.7	31.6
92	100.0	2.1	3.4	5.4	6.0	31.3	7.0	5.7	39.1
88	100.0	1.3	3.0	3.3	5.6	37.5	2.7	1.7	44.9
84	100.0	1.9	2.5	4.9	5.9	19.9	2.4	2.4	60.1
80	100.0	.0	2.9	4.4	6.6	17.6	2.3	3.7	62.5
76	100.0	.9	2.8	.0	1.9	22.4	1.9	2.8	67.3
72 or less	100.0	.5	1.5	3.0	3.3	9.6	1.2	1.2	79.7

XIV. SPECIAL FOCAL POINTS

A. HOSPITALS WHERE REHABILITATION TREATMENT WAS RECEIVED

1. Introductory note.—Three U. S. Army hospitals, one U. S. Navy hospital, and one U. S. Veterans Administration hospital have operated major programs for blinded military personnel or veterans during the past two decades.

These programs have been described in the literature by Thorne,[10] Vail,[11] Greear,[12] Cutler,[13] Beam,[14] Flank and Williams,[15] Gowman,[16] and the contributors to Zahl's compilation, "Blindness."[17] (See also "Hospital Programs Outlined," Appendix IX.)

As military service programs for the blind functioned practically during World War II, there were in the Army two basic medical rehabilitation units in Army general hospitals, from which patients went to a central adjustment center, called a "convalescent hospital." The two Army general hospitals were Valley Forge Army General Hospital, Phoenixville, Pennsylvania, and Dibble Army General Hospital, Menlo Park, California. The convalescent hospital was Avon Old Farms at Avon, Connecticut.

One central Navy unit, the Philadelphia Naval Hospital, performed for blinded Navy personnel hospital rehabilitation services necessary before discharge, with the help of the New York Institute for the Blind, which was ancillary to the Navy program.

Finally, at the end of World War II, the VA Hospital, Hines, Illinois, was made responsible for maintaining a unified hospital rehabilitation program for veterans and the blinded of all branches of the service and the military service programs were terminated.

A complete review of the Army program from the developmental standpoint may be found in "Ophthalmology and Otolaryngology," a volume

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[10] Thorne, F. H., M. D.: A Statistical Review of 367 Blinded Service Men, World War II. Outlook for the Blind, 41, 1947, pp. 129–136.

[11] Vail, D., M. D.: The Veterans Administration Program for the Training of the Blinded Servicemen, editorial, Am. J. Ophth. 35: 1457–1459, 1951.

[12] Greear, J. N., Jr., M. D.: Rehabilitation of the Blinded Soldier. Outlook for the Blind 40: 271–278, 1946; Mil. Surgeon 100: 150–156, 1947.

[13] Cutler, N. L., M. D.: The First Year of the Blind Rehabilitation Program at Dibble General Hospital. Outlook for the Blind 40, 31–33, 1946.

[14] Beam, A. D., M. D.: Rehabilitation of the Blind. Navy Medical Bulletin, March 1946.

[15] Flank, Maxwell, D., M. D., and Williams, R. C.: Therapy for the Newly Blinded, as Practiced With Veterans. The Journal of the American Medical Association, vol. 158, pp. 811–818, July 9, 1955.

[16] Gowman, Alan G., Ph. D.: The War Blind in the American Social Structure. American Foundation for the Blind, 1957.

[17] Zahl, Paul A.: Blindness. Princeton University Press, 1950.

of "Surgery in World War II," published by the Medical Department, U. S. Army, 1957, which contains a chapter entitled "The Rehabilitation of Blinded Casualties," by Doctor James N. Greear, Jr., and edited by Doctor M. Elliott Randolph.

Significant deviation analysis[18] has been made in which groups of patients who had these specific types of hospital rehabilitation were compared with the entire survey group.

Significant deviation analysis has also been worked concerning the 681 veterans whose blindness occurred under circumstances which did not result in their being admitted to any Government hospital having a special rehabilitation program. Similar analysis has been made concerning a group of 109 veterans who were hospitalized in Government hospitals which had no special program of rehabilitation for the blind. Finally, analysis has been made of a group consisting of veterans who were hospitalized at several hospitals in turn, for instance, Valley Forge, Dibble, Avon, and Hines.

It should be emphasized that significant deviations concerning hospitals were made up of comparison between the total group of veterans studied in the survey and each subgroup rather than between subgroups.

The following subgroups have been analyzed:

Name of hospital	*Number of patients*
Valley Forge and Avon	507
Dibble and Avon	160
Philadelphia Naval	141
Valley Forge (without subsequent transfer to Avon[19]	104
Dibble (without subsequent transfer to Avon)[19]	47
Avon (without previous treatment at Valley Forge or Dibble)	37
Other hospitals	109
None	681
Hines[20]: Complete rehabilitation therapy	103
Incomplete rehabilitation therapy	31

2. Basis for comparison according to hospital rehabilitation.

a. Antecedent events and conditions.—The following elements, which were analyzed in their relationship to hospital programs are in the category of "antecedent events and conditions." (See p. 9.)

Age at the time of the interview (question 5 and date of interview):

Education before blindness (33):

(1) Elementary school.

[18] The significant deviation analysis tests the hypothesis that the veterans with any particular hospital experience are not different from the total group except by chance. Where the probability is less than 1 in 3 that a difference as great as that observed could arise by chance a hospital is given an "l" or "h" depending on the direction of the difference. Where the probability is less than 1 in 20 a hospital is given an "L" or "H." (See appendix IV, "Formulas in Standard Error of Reasoning of Hospital Comparisons.")

[19] Treatment at general hospitals *without* transfer to the convalescent hospital at Avon was usually due to improved vision at time of discharge from the Army which rendered blind rehabilitation therapy unnecessary at the time.

[20] Hines is so listed because its date of establishment followed the other programs chronologically. It will be noted that as scored it may be rated with the programs at "Valley Forge and Avon," "Dibble and Avon," and "Philadelphia Naval." However, the 134 veterans shown at the time of the cutoff date of statistical analysis constitute only a fraction of those treated subsequently by this unit.

(2) High school.
(3) College.

b. Events and conditions related to blindness.—The following elements which were analyzed in their relation to hospital programs are in the category of "events and conditions related to blindness and treatment":

Cause of blindness (27).

Length of time in doubt about chances of seeing (45).

Years visually disabled (30).

Amount of sight (46).
(1) Partial sight.
(2) No useful sight.

Vocational advisement (36).

Applied for vocational rehabilitation (35).
(1) Partial sight.
(2) No useful sight.

Entered VR&E training (38).

VR&E status (39).
(1) "Rehabilitated":
  (a) Partial sight.
  (b) No useful sight.
(2) "In training":
  (a) Partial sight.
  (b) No useful sight.

c. Outcomes.—The following elements which were analyzed in their relation to hospital programs are in the category described as "outcomes":

Use of guide dog (54).

Use of plastic eyes (59).

Feeling of having taken full advantage from hospital rehabilitation (114):
  (1) Felt they had taken full advantage.
  (2) Felt they had not taken full advantage.
  (3) Felt they had not taken full advantage and desired such services at time of interview.

Employment status (65).

Job satisfaction (72).

"Upward" or "horizontal" change of occupational classification (34 and 68).

Job refusals (73).

Contact with physicians regarding eye conditions (48).

Braille (56):
  (1) Partial sight.
  (2) No useful sight.

Cane (58):
  (1) Partial sight.
  (2) No useful sight.

Guide dogs (54).

Ability to cope with community attitudes toward blindness (88).

Association socially with other blind people (78).

Central Office evaluation (review of all questions):

(1) Clearly no need of additional VA services.

(2) Clearly urgent need for additional VA services.

Interviewers' estimates of veterans' attitude toward life (115).

d. Influence of Vocational Rehabilitation and Education.—The following elements in the category of events and conditions related to blindness are a part of VR&E training, which occurred after discharge from hospitals, and which may be considered an outcome, insofar as hospital rehabilitation is evaluated, with its own inherent value separately considered on its own merits. (See pp. 131–154.):

Applied for VR&E training (35).

Entered VR&E training (38).

VR&E status (39).

e. Criteria for Hospital Comparisons.—The value of material brought forth regarding hospital rehabilitation procedures depends heavily on the avoidance of absolutes in analysis. To compare the clarity and force of separate items of criteria might easily become extremely elaborate, and at the same time misleading. Table 81, page 187, is a composite table, made of certain simple criteria, showing apparent strengths and weaknesses of hospital subgroups.

The criteria employed in this table are the following:

Question	
34 & 68	Change in occupational classification since blindness ("upward" and "horizontal").
54	Use of guide dogs (no useful sight).
56	Veterans with no useful sight stating they read braille.
56	Veterans with partial sight stating they read braille.
58	Use of cane (no useful sight).
59	Use of plastic eyes.
65	Employment status.
72	Job satisfaction.
78	Association with other blind people.
88	Ability to cope with community attitudes toward blindness.
115	Interviewers' estimates of veterans' positive attitude toward life.
Evaluation	Central Office Evaluation of no need for additional VA services.

3. Analysis of hospital comparisons.

a. References in detail.—Specific data on each of these hospital programs may be found in tables 82 and 85–87, pages 188, 189, 191 and 192.

b. Influences Other Than Hospitals.—In comparing any hospital subgroup with the total study group of veterans, two potent influences to be reckoned with are education and time, especially the length of time individuals have been blind, since more highly educated groups appear to perform on a more satisfactory basis. This is also true of those who have been handicapped longer. (See tables 83 and 84, p. 191.)

Two other elements in the category of events and conditions related to blindness should be scrutinized for the extent of their influence, namely

cause of blindness and amount of sight. (See p. 68 and p. 76.) There it will be found that the effect of blindness by injury seems to offer a slight advantage in certain respects over blindness by disease, since the group blinded by injury contained a high proportion of totally blind men and at the same time a relatively high percentage were employed.

4. Conclusions concerning hospital analysis.—Table 81 offers material for a large amount of speculation for anyone familiar with the programs of the hospitals involved. However, there is little doubt that all signs indicate the Government hospital special rehabilitation programs for the blind result in a positive effect, when groups participating are compared with those not participating. It will also be seen readily that the advantage of education before blindness is revealed in performance of groups more highly educated, viz., Dibble and Avon and Philadelphia Naval. (See table 83, p. 191.) Time also appears as a factor to be considered when evaluating outcomes since groups blinded a longer period of time were more often employed and more frequently had a positive attitude toward life. (See table 84, p. 191.) This should especially be taken into account with regard to the group who completed hospital rehabilitation at Hines, who had been blind for a median of 3.9 years in contrast to all other similar groups, each of which had a median of more than 8 years of blindness. (See table 86, p. 192.)

We are led to inquire rather than to conclude by these data, and in this connection one particular line of inquiry is especially provocative. This is the possibility of learning much more about the effect of conditioning to leave the hospital, as it is applied to the newly blinded patient.

There was a great similarity between the two Army general hospitals, Valley Forge and Dibble, at which many of the veterans in this study were treated. The prototypes of ward, ward officer, commanding officer, nurse, eye clinic, doctor's secretary and the like, functioning in a military setting with innumerable items of so-called "G. I." equipment, presented an adventitious framework of controlled experiment with more elaborate conformity than is ever likely to be found elsewhere.

Where it is possible to single out factors in which these programs were diametrically opposed, the way lies open to discernment of a kind which peacetime resources are unlikely to allow.

Such is the dearth of controlled experiment where human lives and personalities are concerned in our society, and so likely is it that this dearth will continue, that even now there might be value in reconstructing clues to causal factors which patterns of treatment brought into the lives of the war blinded. To be truly fruitful such a study would necessarily return on an extensive basis to examining individuals comprising the subgroups of this study, bringing into play the wherewithal of medical research and selected sciences on which the art of medicine is based and depends. Necessarily examination of patients would be by practitioners adhering to the basic unities of such scientific study. This might be especially helpful to the development of better understanding of the physical complaints of veterans as these are related to morale and individual equipoise.

Table 81.—*Digest of hospital rehabilitation evaluation (table 82)*

(This table of analysis shows findings with regard to the relative strengths and weaknesses of various hospital subgroups as they are related to the entire survey group and subgroups who were not shown to have any Government hospital rehabilitation at the time of blindness.)

Hospitals	Questions (See p. 185 for content of questions listed.)												Totals				
	34 and 68	54[1]	56[1]	56[2]	58[1]	59[1]	65	72	78	88	115	Evaluation (no need)	H	h	—[4]	l	L
Valley Forge and Avon	— (96)	— (43)	L (128)	H (53)	— (217)	H (225)	— (250)	h (216)	H (221)	H (471)	H (442)	H (247)	6	1	4	0	1
Dibble and Avon	— (27)	— (20)	— (54)	H (15)	h (79)	H (81)	H (95)	— (80)	H (69)	H (142)	H (143)	H (86)	7	1	4	0	0
Philadelphia Naval	h (28)	H (37)	H (57)	— (11)	L (43)	— (56)	H (92)	— (76)	h (50)	— (125)	H (126)	H (74)	5	2	4	0	1
Valley Forge[3]	h (20)	l (1)	l (8)	— (15)	l (15)	— (16)	l (45)	l (34)	— (31)	— (93)	l (81)	— (41)	0	1	5	6	0
Dibble[3]	— (8)	— (1)	— (8)	l (3)	— (8)	h (11)	h (30)	l (21)	l (10)	— (39)	— (41)	h (27)	0	3	6	3	0
Avon	— (7)	— (3)	h (12)	h (8)	— (12)	l (9)	— (20)	h (20)	h (15)	— (34)	l (27)	— (16)	0	4	6	2	0
Other	— (15)	h (10)	— (20)	— (11)	— (27)	l (16)	— (52)	— (44)	— (35)	— (92)	— (86)	— (43)	0	1	10	1	0
None	— (105)	l (14)	L (28)	L (43)	l (68)	L (22)	— (351)	L (276)	L (122)	L (578)	L (538)	L (279)	0	0	2	2	8
Hines: complete	— (9)	l (5)	H (59)	H (21)	H (69)	— (43)	L (22)	h (21)	H (42)	— (88)	— (82)	L (31)	4	1	4	1	2
Hines: incomplete	L (1)	— (4)	H (12)	— (3)	— (14)	— (12)	L (6)	L (3)	— (8)	l (24)	L (17)	L (4)	1	0	5	1	5
Miscellaneous	— (5)	— (4)	h (14)	h (3)	— (13)	H (16)	— (17)	— (15)	h (13)	— (27)	— (25)	— (16)	1	3	8	0	0

[1] No useful sight. [2] Partial sight. [3] Without transfer to Avon. [4] No significant deviation.

Table 82.—*Summary hospital table containing significant deviation analysis of hospitals*[1]

Question	Title	Total	Valley Forge and Avon	Dibble and Avon	Philadelphia Naval	Valley Forge (incomplete)	Dibble (incomplete)	Avon	Other	None	Hines		Misc. combinations
											Complete	Incomplete	
	Total	1,949	507	160	141	104	47	37	109	681	103	31	29
27	Blindness due to injury	1,067	H 388	H 128	H 99	H 73	h 31	− 22	L 40	L 169	h 65	H 25	H 27
33	Education before blindness:												
	Elementary	667	h 185	l 48	L 27	− 32	h 21	− 10	− 42	h 250	− 34	− 11	− 7
	High School	1,023	−261	h 91	H 89	h 61	l 21	− 21	− 56	L 334	− 55	h 20	− 14
	College	259	l 61	h 21	h 25	l 11	− 5	− 6	− 11	− 97	− 14	L 0	h 8
34 and 68	"Upward" and "horizontal" change in occupational classification	321	− 96	− 27	h 28	h 20	− 8	− 7	− 15	−105	− 9	L 1	− 5
35	Applying for vocational rehabilitation and education:												
	Partial sight	829	H 159	h 41	H 47	− 60	− 25	− 14	− 46	L 393	h 26	l 12	− 6
	No useful sight	687	h 270	− 89	h 77	L 17	− 12	− 17	h 40	L 72	− 60	− 15	− 18
36	Received vocational advisement from VR & E	1,564	H 454	H 145	H 125	− 79	− 36	h 34	− 84	L 465	h 88	− 26	H 28
38	Entered VR & E training	1,117	H 322	H 106	H 94	l 51	− 25	h 26	− 65	L 338	l 53	− 14	H 23
39	In training:												
	Partial sight	61	− 12	− 3	− 3	− 5	− 2	− 1	l 1	− 28	H 6	l 0	− 0
	No useful sight	79	− 30	L 2	− 8	− 1	− 2	− 1	l 2	h 11	H 17	L 0	h 5
	Rehabilitated:												
	Partial sight	309	H 82	− 19	h 22	− 22	l 5	− 7	h 21	L 122	L 2	l 2	H 5
	No useful sight	291	−123	H 53	h 40	− 5	− 3	− 7	h 20	L 20	L 8	L 2	− 10
46	Partial sight	1,094	L 183	L 49	L 53	H 77	h 33	l 17	− 65	H 565	L 30	l 13	L 9
	No useful sight	855	H 324	H 111	H 88	L 27	l 14	h 20	− 44	L 116	H 73	h 18	H 20
48	Contact with physician regarding eye condition	524	− 80	L 15	l 22	h 44	− 16	− 8	h 36	H 280	L 11	l 4	− 8
54	Guide dog (no useful sight)	142	− 43	− 20	H 37	l 1	− 1	− 3	h 10	l 14	l 5	− 4	− 4

56	Statement of ability to read braille:													
	Partial sight	186	H 53	H 15	− 11	− 15	l 3	h 8	− 11	L 43	H 21	− 3	h 3
	No useful sight	400	L 128	− 54	H 57	l 8	− 8	h 12	− 20	L 28	H 59	H 12	h 14
58	Used cane:													
	Partial sight	205	− 38	− 11	− 10	− 17	l 2	h 8	− 10	L 84	H 20	− 3	− 2
	No useful sight	565	−217	h 79	L 43	l 15	− 8	− 12	− 27	l 68	H 69	− 14	− 13
59	Had plastic eye (no useful sight)	507	H 225	H 81	− 56	− 16	h 11	l 9	l 16	L 22	− 43	− 12	H 16
65	Employed	980	−250	H 95	H 92	l 45	h 30	− 20	− 52	−351	L 22	L 6	− 17
72	Job satisfaction	806	h 216	− 80	− 76	l 34	l 21	h 20	− 44	L 276	h 21	L 3	− 15
73	Refused job offers	275	H 83	− 25	H 32	l 11	− 8	l 2	− 19	l 85	L 5	l 2	− 3
78	Associated socially with other blind people	616	H 221	H 69	h 50	− 31	l 10	h 15	− 35	L 122	H 42	− 8	h 13
88	Able to cope with community attitudes toward blindness	1,713	H 471	H 142	−125	− 93	− 39	− 34	− 92	L 578	− 88	l 24	− 27
114	Felt had taken full advantage from hospital rehabilitation	1,066	L 245	l 79	L 62	l 50	− 26	− 21	l 52	H 439	h 66	l 12	− 16
	Felt had not taken full advantage from hospital rehabilitation and desired such services at time of interview	121	L 29	l 9	l 9	L 4	− 3	l 0	− 10	L 39	− 8	H 7	h 3
115	Positive attitude toward life	1,608	H 442	H 143	H 126	l 81	− 41	l 27	− 86	L 538	− 82	L 17	− 25
	Clearly no need for additional VA service	864	H 247	H 86	H 74	− 41	h 27	− 16	− 43	L 279	L 31	L 4	− 16
	Urgent need	271	L 47	l 14	l 12	− 12	− 7	h 8	− 14	H 109	H 29	H 15	− 4

[1] See appendix IV, "Formulas in Standard Error of Reasoning of Hospital Comparisons," page 220.

Returning to the therapeutic curiosity engendered by the facts at hand, it would be difficult to uncover a more provocative constellation than the differences presented by the length of time subgroups remembered doubt about chances of seeing. In this respect it may be noted that even between the Valley Forge and Avon group and the Dibble and Avon group, which so greatly resembled each other, the former group remembered doubt about chances of seeing for a median of 1.2 months, while the latter remembered a median of 2 months.

Any study of these facts should keep in mind the historical background of this evolving concept of therapy, which Greear summarized as follows:

SUMMARY

The program for the rehabilitation of the blinded in World War II embodied a new concept of the responsibility of an army for these casualties. The point of view was necessarily maintained that, from the standpoint of useful manpower, which is an army's chief concern, a blinded soldier was of no further value to the armed services. In the early months of the war, he was therefore discharged from service as promptly as possible (that is, as soon as his wounds were healed) to the Veterans Administration, which was charged with the responsibility of his rehabilitation.

As the war progressed, the policy of prompt discharge was discarded, and the blinded soldier was retained in an Army hospital until he had achieved maximum benefits from hospitalization. During this period of hospitalization, his actual rehabilitation was begun. This policy, however, while an improvement over the earlier policy, still did not completely solve the blinded casualty's problem. The gap between his discharge and the assumption of responsibility for him by the Veterans Administration was still too great. Moreover, the Veterans Administration did not have the personnel nor the facilities for the completion of his rehabilitation and for his social adjustment.

The final step in the program for blinded casualties was the establishment of a convalescent hospital with facilities and personnel to carry out these objectives. Thereafter, the blinded soldier was not released either to civilian life or to the Veterans Administration until he had been put into the best possible physical and mental condition, until he had received all possible benefits from the extensive Army facilities for medical and surgical care, and until he had been taught the special techniques of living which the blinded man must know.

We know that this process produced blinded individuals who differed from veterans who were without such treatment. To a lesser degree, but still along the same lines, there is a conformity to the patterns of difference in the group treated at the VA Hospital, Hines, Illinois, and the Philadelphia Naval group. Surely it is safe to say that in addition to the fundamental constitutions of men blinded by injury rather than disease, some difference—and a favorable difference too—may be accounted for by the new concept of hospital rehabilitation of which Greear treats. Further study of this in detail would unquestionably be fruitful.

Table 83.—*Education before blindness—Selected Comparisons*

	Elementary 667 veterans (percent)	High school 1,023 veterans (percent)	College 259 veterans (percent)
Working	37.6	54.6	65.6
Stated they read braille	21.0	33.9	38.2
Accepted life positively	75.9	84.9	90.0
Clearly no need for additional VA services at time of interview	31.6	47.9	62.9
Clearly urgent need for additional VA services	18.0	12.7	8.1
Job satisfaction	82.5	81.0	85.9
VR & E status of "Rehabilitated"	47.3	53.5	58.9
VR & E status of "In training"	6.1	14.2	16.7
"Upward" change in occupational classification since blindness	5.1	8.5	6.9
Ability to cope with community attitudes	85.0	88.6	92.7

End of Table 83

Table 84.—*Years visually disabled—Selected Comparisons*

	0–3 years	4–7 years	8–9 years	10 years or more
	136	575	986	252
	(percent)	*(percent)*	*(percent)*	*(percent)*
Working	16.9	44.3	55.9	59.9
Job satisfaction	82.6	80.0	82.4	85.4
Ability to cope with community attitudes toward blindness	84.6	86.1	89.2	88.9
Accepted life positively	68.4	81.2	84.7	84.1

End of Table 84

Table 85.—*Median age at time of interview related to hospitals where rehabilitation was received*

(Interview question 5 with date of interview and question 31)

Valley Forge and Avon (507)	33.8
Dibble and Avon (160)	34.4
Philadelphia Naval (141)	31.8
Valley Forge (104)	34.3
Dibble (47)	35.0
Avon (37)	34.1
Other (109)	34.2
None (681)	35.7
Hines:	
Complete blind rehabilitation therapy (103)	28.9
Incomplete blind rehabilitation therapy (31)	28.1
Miscellaneous combinations (29)	32.9

End of Table 85

Table 86.—*Median number of years visually disabled related to hospitals where rehabilitation was received*

(Interview questions 30 and 31)

Valley Forge and Avon (507)	8.6
Dibble and Avon (160)	8.5
Philadelphia Naval (141)	8.7
Valley Forge (104)	8.4
Dibble (47)	8.9
Avon (37)	8.8
Other (109)	8.5
None (681)	8.6
Hines:	
Complete blind rehabilitation therapy (103)	3.9
Incomplete blind rehabilitation therapy (31)	2.2
Miscellaneous combinations (29)	8.5

End Table 86

Table 87.—*Median number of months in doubt about chances of seeing related to hospitals where rehabilitation was received*

(Interview questions 45 and 31)

Valley Forge and Avon (507)	1.2
Dibble and Avon (160)	2.0
Philadelphia Naval (141)	4.2
Valley Forge (104)	7.7
Dibble (47)	6.9
Avon (37)	6.5
Other (109)	7.7
None (681)	20.5
Hines:	
Complete blind rehabilitation therapy (103)	7.8
Incomplete blind rehabilitation therapy (31)	8.0
Miscellaneous combinations (29)	17.0

End of Table 87

B. DIFFERENCES BETWEEN AREAS BY VA ORGANIZATION

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Since the number of blinded veterans in some States was so small as to make large differences of questionable significance, States were combined into groups corresponding to the VA areas. Results of this analysis, showing which areas deviate significantly from the average of all areas (for the variables listed) are given in table 88, page 194.

As shown in this table, areas differed most often from each other in regard to employment status of the blinded veterans and their feelings of ability to cope with community attitudes, two variables which were very probably most nearly dominated by where the veterans live rather than by their own characteristics or the services offered them. In the main, areas were noted for their similarities rather than differences on the variables compared.

Area 1 (New England and New York) was above average on the largest number of variables that might be considered positive from the standpoint of the blinded veterans, viz, proportion rehabilitated, working, satisfied with job, accepting life positively, feeling able to cope with community attitudes. Urgent need for additional services was low.

Area 6 (West), on a slightly different set of variables, reflects a less

favorable picture with high application for rehabilitation, but lower than average proportion rehabilitated, lower job satisfaction, and lower ability to cope with community attitudes, and high downward occupational change when occupation before and since blindness is compared.

Area 5 (essentially northern Middlewest) seems to show most differences in respect to below-average rate of application for rehabilitation, but high proportion rehabilitated of those who entered VR&E training, and a high proportion working.

Area 5 had the largest proportion of blinded veterans working at the time of the interview. How much this reflects greater availability of jobs to the blinded veteran, and how much determination to have a job, cannot be ascertained here.

Area 3 (Southeast) reflects the opposite picture in terms of a high proportion applying for vocational rehabilitation, but a low proportion of veterans working at the time of the interview.

Area 4 deviates most clearly in terms of the low proportion with no useful sight (higher proportion with partial sight) in contrast with area 2, where the proportion of those with no useful sight is clearly above average.

Both of these areas are heterogeneous in their makeup, with the differences arising from deviations in only part of the States comprising them. The high proportion of those with partial sight in area 4 traces primarily to Arkansas, Louisiana, New Mexico, and Texas, in which three-fourths or better of the blinded veterans reported partial sight. The low proportion with partial sight in area 2, on the other hand, traces primarily to Washington, D. C., Indiana, Maryland, and Pennsylvania, with Kentucky, West Virginia, and Virginia having well-above-average proportion of those with partial sight.

In summary, there was some geographical difference found in the distribution of blinded veterans, and in some of the prime variables describing them. In general, the Northeast, Southeast, Southwest, and West showed higher concentration of blinded veterans than the Middle Atlantic and Central States. Some in-migration was indicated for Washington, D. C., Connecticut, Florida, the West, and Southwest, and some out-migration, or failure to return, was indicated for some of the North Central States.

Correlation between incidence of blinded veterans and estimated prevalence of blindness in the population was very slight, indicating the strict adherence of the study population to service-connected eligibility. Probable differences in the application of the definition of blindness were indicated for some areas, but it was difficult to distinguish the effect of this factor from changes in the concentration of veterans arising from migration. Some geographic differences in employment status, job satisfaction, feeling of ability to cope with community attitudes, etc., emerged from interarea comparisons. The Northeast, as a whole, reflected the most favorable picture on the occupational and adjustment variables compared, the West a less favorable picture. In the Northern Midwest (area 5) the blinded veterans were most apt to be working, although they least often had applied for vocational rehabilitation. In the Southeast (area 3) they were least apt to be working, but had most often applied for vocational rehabilitation and received vocational advisement. How much this

is determined by differences in the availability of jobs for blinded veterans, how much by differences in the veteran himself, and how much by differences in quality of community services available to blind persons in general cannot be determined from these crude comparisons.

Table 88.—*Differences between areas by VA organization related to certain variables*

Area 1—Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, New York.
Area 2—District of Columbia, New Jersey, Delaware, Kentucky, Maryland, Ohio, Pennsylvania, Virginia, West Virginia, Indiana, San Juan, Puerto Rico.
Area 3—Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee.
Area 4—Arkansas, Louisiana, New Mexico, Oklahoma, Texas, Colorado, Missouri, Kansas.
Area 5—Michigan, Minnesota, Iowa, Illinois, Nebraska, North Dakota, South Dakota, Wisconsin, Wyoming, Montana.
Area 6—Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah, Washington.

Variable	Areas					
	1	2	3	4	5	6
Total (excluding 30 for Manila)	310	459	316	333	250	251
Application for vocational rehabilitation	— (239)	— (361)	H (261)	— (262)	L (182)	H (208)
Rehabilitated (VR &E status)	h (88)	— (142)	— (108)	— (112)	h (79)	l (70)
Working	h (167)	L (209)	— (143)	h (181)	H (149)	— (131)
Job satisfaction	h (145)	— (168)	H (128)	— (144)	— (122)	l (99)
No useful sight	h (150)	H (225)	— (131)	L (108)	— (111)	— (116)
Positive attitude toward life	h (264)	— (383)	— (260)	l (267)	— (206)	— (211)
Ability to cope with community attitudes	H (283)	L (387)	H (292)	l (287)	h (225)	l (213)
Received vocational advisement	— (242)	h (382)	h (265)	— (268)	— (196)	— (205)
Urgent need for additional VA services	L (29)	h (75)	l (37)	— (46)	— (39)	— (35)
No need for additional VA services	H (160)	l (192)	l (129)	— (139)	— (111)	h (126)
"Upward" occupational change	— (21)	— (34)	— (27)	— (27)	— (17)	l (13)
"Downward" occupational change	— (24)	— (24)	— (12)	— (21)	— (18)	H (24)

NOTE:

H, L Deviation above or below average of all areas by an amount likely to arise by chance less than 5 in 100 times.

h, l Deviation above or below average of all areas by an amount likely to arise by chance less than 32 but more than 5 times in 100.

— No significant deviation.

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XV. CONCLUSION

A conclusion regarding all the foregoing material, as it applies to responsibilities of the Veterans Administration, must necessarily return to broad questions on which the interview outline was expected to throw light.

These broad questions relate to factors which determine stability or instability in conflict when personal morale is under the stress of loss of eyesight. The scope of the study, viewed from a central geographical point of analysis, has offered extensive areas for inquiry, some of which have been examined closely by interrelation of the subgroups divided from the main group by questions in the patterned interview. Remoteness from a widely dispersed group of subjects has made examination of individuals impossible by any one examiner at any one given time under controlled conditions with uniform procedure. On the basis of available evidence, inferences are therefore limited to what may be determined by matching data acquired by questions posed by the interview outline questionnaire. The analysis is confined to internal comparisons of data. With these conditions kept in mind, there are two broad questions inplicit in the interview outline:

1. Can any results be seen over the years from U. S. Government programs to rehabilitate blinded veterans with service-connected disabilities?
2. Are there other factors apart from Government rehabilitation programs which have a powerful effect on life patterns giving evidence of equanimity or disturbance, following the onset of blindness?

It was suspected that all the questions of the interview outline questionnaire would have bearing on one of these major questions, and it was on this basis that analysis proceeded to comparisons of which this report has treated.

Two classic institutions of society appear to be extremely powerful in the rehabilitation process. One is strong family ties, especially when the dependency of children is one of the responsibilities of the blinded veteran. The other factor is education before blindness.

On the negative side of the balance, disease, as contrasted with injury, emerged as a greater hazard to the rehabilitation process, and enmeshed with disease was doubt about chances of seeing, which more frequently accompanied disease and which appeared on its own to impede rehabilitation. Multiple disabilities also worked adversely.

On the positive side time emerged in its classic role as a healer, even groups who rejected all aids to rehabilitation improving some in time, though age (above 35) showed up as a particular deterrent.

The comparisons of the study have also shown that the large scale rehabilitation measures of the U. S. Government in behalf of the war blinded have influenced the readaptation processes of men who have participated in them, and it appears that the more wholehearted the participation, the greater the influence of the program. Nevertheless, the actual strength of these controllable programs is deeply intertwined with the above-mentioned primary institutions of society, and any measure of them must make allowances for this fact. We know that a high percentage of those who had it in them to proceed through the grades af education in our society also had it in them to complete vocational rehabilitation as blind people and to obtain employment. Concerning those elements which make for success in education and family ties the study offers no special or peculiar knowledge.

Nevertheless, subsidiary to the above conditions, there are certain variables, some modifiable, some unmodifiable, revealed by this study, which give strong evidence of affecting the rehabilitation process.

1. Hospital rehabilitation and vocational rehabilitation and education.—The hospital rehabilitation measures of the Government, both in the military services and the Veterans Administration, laid a firm foundation for posthospital vocational rehabilitation and education. Both of these intensive programs may be said to have paid dividends, both psychologically and economically.

In examining the many reports concerning these programs, to which reference was made on page 182 and in attempting to determine the element or elements which were effective, there are first an array of forces which have obvious merit, but which have been available often before in other programs and times, viz: braille, guide dog, vocational counseling, specially planned recreation, and the like. In attempting to extricate that which was special in planned Government hospital rehabilitation programs foremost writers in the field select the same area from divergent viewpoints.

In "Surgery in World War II—Ophthalmology and Otolaryngology," page 167, Greear strikes a keynote as follows:

> The enlisted men assigned to the program for the blind had the responsibility of literally teaching the blinded to take up their lives again. They oriented them in the location of beds, cubicles, wards * * * They instructed them in practical methods of eating, dressing, and care of their persons * * * They taught them to travel outside the hospital * * * They trained them in manual dexterity and aptitude.
>
> Good orientors were the backbone of the rehabilitation program for the blind; the success of the program depended on their proper selection. Although their tasks concerned simple and apparently obvious matters, these tasks were not simple for the newly blinded soldier. His progress had to be guided. He could not be made to do everything for himself at once; that would have caused a state of nervous tension superimposed upon the original ordeal. Yet he had to be made to increase his independence from day to day and from week to week.

In "The War Blind in American Social Structure," page 111, Gowman also dwells on this element in the rehabilitation as follows:

> The situation was so structured that the prevailing tone was set by orientation personnel, and it was this definition that gradually gained sway. In

building a role for this segment of the blind population the aim of the orientation staff was apparently to move the blinded individual into behavioral patterns having maximal congruence with those of sighted individuals. They not only attempted to push the intrinsic limitations of blindness to an irreducible minimum but also rewarded those blinded persons whose general bearing was most akin to that of the noninjured. Much stress, for instance, was laid upon appropriate bodily movements such as turning the head and looking directly toward others while in conversation. In so doing, however, they inadvertently emphasized the discrepancy between the blinded individual's definition of his own role and the definition held in the larger society.

One of these writers explores the process, while the other examines the emotional climate of the program. It may well be the blending of these patterns in interpersonal relations, together with manipulation of various leverages for rehabilitation which made for a high level of fruition. It should be said that in part this was a matter of high morale in the service, though it should also be noted that the budding program at VA Hospital, Hines, was holding its own with the programs conducted at the height of World War II, provided due consideration is given to a time difference and the fact that this group had been blind only a little more than 3 years in contrast to other groups studied. (See appendix IX, p. 232 for additional comments by Hoover, Williams, and Flank.)

2. Employment.—The interview summary evaluation emerged with a high correlation between high scores and self-evident marks of socially acceptable behavior, yet none was quite so outstanding as the correlation with employment since blindness.

American society, as conditioned by public education, has acquired the habit of asking if blinded veterans are working as though this were the one irrefutable criterion of group and individual success. Much has been said and written regarding the unfairness of this, yet the question, "Is he working?" continues to be the question to which many minds return in a way which reveals that this in itself is a force with which the blinded veteran must inevitably deal.

Only one of the 25 questions of the interview summary evaluation gave any hint that the veteran was working, and even that question left the way open for a positive answer if the veteran's use of his spare time seemed satisfactory.

The following figures show close correlation between interview summary evaluation and employment status:

	Total	Employed	
		Number	Percent
Score of 100	60	45	75.0
Score of 96	418	289	69.1
Score of 92	386	237	61.4
Score of 88	301	168	55.8
Score of 84	206	84	40.8
Score of 80	136	53	39.0
Score of 76	107	35	32.7
Score of 72 or less	335	69	20.6

While no claim is made that the interview summary evaluation is in the same category with any established scientific tests of personality stability, it was arrived at through consideration of attitudes and behavior, and as it has emerged in the current analysis, it gives promise of an unexpected durability as a measure of certain morale factors.

It provides substantial evidence that it is the working veterans who are the most stable.

3. Impediments to employment.—Compensation did not impede the employment of 50.3 percent of the group studied; nor was there a basis for the assumption that compensation was a primary impediment to the employment of the other 49.7 percent when they were considered with respect to factors other than compensation which in addition to blindness might make employment difficult. Total blindness itself was a greater hindrance than partial sight, and there was a strong indication that multiple disabilities served as a serious impediment, hearing difficulties showing up as one factor which was retrograde. In a special sampling discomfort and pain themselves gave evidence of working against employment. Educational disadvantages appeared as a strong deterrent. Broken or incomplete family ties acted as another. Blindness by disease served as another, though this group more frequently had partial sight. Slow loss of sight and gradual debilitation, as in 35 cases of multiple sclerosis, appeared to work against all rehabilitation processes including employment.

The fact that 50.3 percent of the entire group were employed, despite an average of two major handicaps, might well lead to the discovery that, far from acting as a deterrent to employment, an irreducible minimum of income may give a needed confidence to employer and blind employee. A firm conclusion in this matter would require statistical data regarding a comparable group of blind people without such income.

4. Strain of association between partially seeing and totally blind.—Some strain is apparent from the association of the partially seeing and the totally blind in programs for the blind. This strain appears in the less frequent use of special aids for the blind by the partially seeing, and in the greater dissatisfaction with community attitudes in the partially seeing (although as far as employment goes the partially seeing individual is in a better position). A need for assistance of some kind may be noted in the fact that partially seeing individuals require sighted assistance on their jobs as frequently as do men without useful sight. However, there is a strong indication that it should be a different kind of help. Throughout the study many signs point to the need for the development of better tests of function when there is partial sight. This in no way diminishes evidence that the totally blinded individual needs all the help he can possibly get in adaptation procedures including help in obtaining employment. However, it seems that in this realm society is devising aids which fit his needs more closely than aids devised to fit the partially seeing individual.

5. Final note.—Finally, it may be said that, despite many hazards of their day and time, the group of citizens studied have emerged not as a weak, disturbing element in social structure, but as an inspiriting human phenomenon, who serve and enrich their country and their world. In this

connection if we turn to occupations found among veterans in this study, we find that among the veterans without useful sight there are: A professor of speech, an instrument maker, teachers of geology and sociology, a clergyman, a YMCA secretary, a biologist, an economist in international affairs, 10 lawyers, 3 office managers, a personnel director of a large insurance company, a plumbing and heating sales engineer, an operator of a frozen foods department in a large supermarket, a lens grinder for cameras and gunsites, 9 darkroom photographic technicians, and many salesmen of a large variety of articles.

We have said at the outset that the mind of the newly blinded veteran is very often the battleground of the whole man and the man with a very great limitation imprisoned in one body, and that this study is concerned with some of the factors which effect the resolution of this conflict. Without careless optimism we can say from our findings that there often occurs what appears to be a complete sealing over of the personality fracture. Harmonious rhythm may be established for all the important actions of life. It is this rhythm and how it is established which this survey begins to explore; but only begins. For those preoccupied with the management of handicaps, especially blindness, a large amount of hard work, including exacting research, remains to be accomplished in the social sciences.

APPENDIX I

GENERAL FRAMEWORK OF VA ORGANIZATION AS IT AFFECTS THE BLIND

The Veterans Administration is an agency of the U. S. Government directed by an administrator, who is appointed by and who reports to the President of the United States. The purpose of the agency, as its name implies, is to administer laws regarding veterans which are enacted by Congress.

Under the VA reorganization of September 1953, the Administrator is assisted in discharging his responsibilities by three major departments—the Department of Veterans Benefits, the Department of Insurance, and the Department of Medicine and Surgery. The two departments carrying most of the responsibilities for administering laws affecting blinded veterans are the Department of Medicine and Surgery and the Department of Veterans Benefits. In addition to other duties, the Department of Medicine and Surgery is responsible for all medical aspects of rehabilitation of the blind and the Department of Veterans Benefits is responsible for vocational rehabilitation and training aspects. The Department of Medicine and Surgery and the Department of Veterans Benefits in addition to their special responsibilities for the blinded veterans frequently assist other departments and services with any special questions concerning the blind.

Within the Department of Medicine and Surgery the medical specialty of physical medicine and rehabilitation has been designated to have responsibility not only for a medical rehabilitation program for the blind but for advising other divisions and medical specialties concerning problems of blindness. A similar pattern is found in the Department of Veterans Benefits where the special rehabilitation procedures staff has a like responsibility.

Special personnel and programs for blinded veterans.—The Physical Medicine and Rehabilitation Service employs a small number of special technicians in hospitals who work only with blinded patients. The Vocational Rehabilitation and Education Service made a practice formerly of employing special technicians working exclusively with the blind, but rather recently has discontinued this by assigning duties with other categories of disability to their personnel working with the blind. Immediately after World War II, and until all but a very minor percentage of disabled veterans who wished it had been counseled and inducted into vocational rehabilitation training, specialists for the blind on the counseling staff and on the education and training staff had indirect charge of a sizeable staff of vocational advisers and training officers for the blinded veterans in the field stations, all of whom had been furnished with a special orientation course by the American Foundation for the Blind.

The Physical Medicine and Rehabilitation Service at present employs a special staff of technicians at the central unit at the VA Hospital, Hines, Illinois, and a few technicians for special programs at other hospitals, for the most part in connection with the care of the aged.

Another personnel resource which is used by the Veterans Administration is the service on a fee basis of consultants outside the organization who are specialists in matters pertaining to eye disease or blindness or both. Assistance has been given in the area of sight restoration, biostatistics, and general program overseeing and planning by specialists affiliated with the organization in this way.

APPENDIX II

CIRCUMSTANCES LEADING TO INITIATION OF THE SURVEY

At the end of World War II numerous persons interested in the welfare of the war blinded expressed concern, both publicly and privately, lest no continuity be maintained through the years in the Government's responsibility toward blinded veterans with service-connected disabilities incurred in modern warfare. It was frequently pointed out that no technique for care of this type of traumatic blindness had been maintained on the basis of treatment given the war blinded of World War I. (See "Story of the Red Cross Institute for the Blind (1918–1925) in Relation to the Present Problem of the War Blinded." American Journal of Ophthalmology, 26, 1943, pp. 1011–1024, by Doctor Alan C. Woods.)

It was reiterated frequently that at the opening of World War II the Veterans Administration had been without facilities to deal with the problems of the newly blinded, and that not only had there been a large amount of controversy over this but that this controversy passed into the consciousness of the newly blinded veterans themselves, giving them a feeling of insecurity, which was unfavorable therapeutically. This situation was attributed in part to the fact that although a great deal of effort was expended in behalf of blinded veterans of World War I, public interest in this subject died and there was no followup through the years. The blinded veterans of World War II were themselves concerned over this subject and felt uneasy, moreover, lest the newly blinded veterans of the Korean conflict would receive financial compensation but no truly constructive contacts with sources of rehabilitation to fulfill needs caused through future stresses in their lives as time went on. There was special anxiety over hazards of isolation for individuals with the handicap of blindness. Several special citizens advisory committees to the Administrator of Veteran Affairs reported on this subject from time to time.

Doubts and fears on this whole subject were summed up in a document entitled "Memorandum Concerning Veterans Administration Services to the War Blinded, June 21, 1951," presented to the Administrator by the Director of the Blinded Veterans Association.

Since the beginning of the war elaborate pains had been taken, not only to assist the blinded veterans but to avoid the dangers of a paternalistic system of care, which might destroy their initiative. These efforts have been described in medical literature by (1) Vail, (2) Greear, (3) Cutler, (4) Beam. (See p. 182.) It seemed necessary that great caution be taken to determine what type of intervention was needed in the aftermath of war. A number of meetings were held in the central office of the Veterans Administration in which this matter was discussed by per-

sonnel familiar with the difficulties of this particular category of disabled veterans.

The sense of all these meetings was summed up in a memorandum on February 4, 1952, addressed to the Administrator by the Chief Medical Director, subject: "Veterans Administration Services to the War-Blinded." This memorandum read as follows:

> 1. The Department of Medicine and Surgery has made a careful check of the attached 'Memorandum Concerning Veterans Administration Services to the War-Blinded,' submitted to the Veterans Administration by the Blinded Veterans Association.
>
> 2. This report is unquestionably dictated by serious concern for the welfare of the entire group of blinded veterans, and shows excellent concepts of rehabilitation, ending with the statement entitled 'The Problem Case,' which points out that this type of veteran requires the Veterans Administration's most able personnel.
>
> 3. It has been repeatedly noted in official memoranda on blinded veterans that one of the special perplexities offered by this group is that it is small and scattered, having particular needs which differ from those of veterans in general. The most insistent cause for concern noted in the memorandum of the Blinded Veterans Association is the fact that the Government no longer has an established procedure for keeping informed concerning the status of these men.
>
> 4. From a purely medical standpoint, it seems essential that a study be made of the entire group, with specific attention to the care of residual vision and emotional disorders, so that the regional office will be aware of existing needs. Following this study, it will be the responsibility of the Chief Medical Officer in the regional office to see that the indicated action is taken.
>
> 5. The practical means of learning the needs of these blinded veterans would be through visits made by social workers whose qualifications are suited to determine whether individuals require any special attention. No added staff will be needed in regional offices or hospitals for this review; however, travel funds will undoubtedly be required by some regional offices. The total list of blinded veterans has been reviewed, the distance of each from the nearest regional office has been computed, and it is estimated on this basis that such a survey of these veterans (approximately 2,000) will require not more than $5,000 in travel expenses. Every attempt will be made to provide this sum from within funds available. However, it may be necessary to request certain adjustments in the over-all travel limitations for the agency in order to complete the first phase of the program.
>
> 6. Your approval of this program is requested.

The Administrator of Veterans Affairs gave his approval on February 18, 1952.

APPENDIX III

INTERVIEW OUTLINE

Instructions to interviewers.—The interviewing phase of the study was set in motion by a letter on October 1, 1952, from the Deputy Administrator of Veterans Affairs to the managers of all VA regional offices and area medical directors. This letter stated that the Administrator had approved the study. It directed that the group interviewed should include nonhospitalized blinded veterans of World War II and the Korean conflict with service-connected blindness, as well as that small group of blinded veterans with service-connected disabilities whose blindness was not service-connected. The letter stated further that the study was to be directed by the Chief Medical Officer in the regional office, through the Chief Social Worker. It was also explained that in central office the study would be directed by the Social Work Service and the Physical Medicine and Rehabilitation Service of the Department of Medicine and Surgery.

Copies of the interview outline form were forwarded and their use explained. (See p. 212 for reproduction of interview outline form and instructions.) It was also directed that the information obtained as a result of the study was to be used for immediate action by regional offices to make available any needed aid or service for any particular blinded veteran as it was revealed in the study, so long as it might legally be provided by the Veterans Administration.

A list of veterans to be interviewed was enclosed. This list consisted of veterans with eye disabilities rated 70 percent or greater. (See appendix V to identify the group in the larger statistical pattern.) It was explained that any veteran within the regional office jurisdiction coming within this category who was not on the list was to be added by the regional office and included in the study.

A suggested appointment letter for each veteran was enclosed. (See p. 210.)

It was requested that a completed interview outline for each veteran be forwarded to Central Office by January 31, 1953. (Later this was extended to March 31, 1953.) Enclosed with the letter were instructions for interviews for use of the social worker. (See p. 206 for pertinent sections of these instructions.)

Instructions for interviews of blinded veterans by VA social workers and subsequent action pursuant to interview

1. Purpose. The Veterans Administration has a problem in providing services and maintaining a followup for blinded veterans which will strengthen their self-sufficiency without at the same time burdening them with attention which might undermine their independence. That many

veterans with this type of disability are able to manage their own lives with great satisfaction is revealed from reports and contacts with them. It also seems to be true that some blinded veterans either have regressed from the level of progress made in rehabilitation or were never able to take hold adequately after discharge from the service. It is the primary purpose of this study to evaluate the extent to which the Veterans Administration has met its obligations to each blinded veteran and to take the indicated action.

a. A better understanding of the problems of blindness will result from knowledge of both successes and failures. Veterans Administration social workers are therefore being asked to interview blinded veterans with service-connected disabilities incurred since the beginning of World War II, and to enable the Veterans Administration to determine any measures which should be taken with regard to both individuals and the group. This study is a step in a long-term program to deal with this problem in a consistent manner.

b. Veterans found to have problems for which the regional office is responsible will be referred by the social worker through the Chief Medical Officer to the appropriate department for necessary action.

2. *Veterans to be Interviewed.* All nonhospitalized veterans of World War II and the period since that time having service-connected disabilities which fall within the definition of blindness in subparagraph a below will be interviewed; also that small group of veterans who have service-connected disabilities but whose blindness is nonservice connected.

a. The definition of blindness for purposes of rehabilitation is as follows: "Central visual acuity of 20/200 or less in the better eye, with corrective glasses, or central visual acuity of more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter subtends a distance no greater than 20 degrees in the better eye." (Among the veterans listed to be interviewed are some who fall within the definition of blindness, but who are not totally blind.)

b. A master list of these veterans has been compiled from claims service cards and from other sources in the Office of Vocational Rehabilitation and Education and the Department of Medicine and Surgery. Segments of this list will be sent by Central Office to the various regional offices showing the veterans whose claims folders are believed to be held by the respective offices.

c. Other blinded veterans in the regional office territory who come within the above definition will also be interviewed. Please forward immediately * * * * * these additional names, C-numbers, and addresses, to complete the basic Central Office list of names for this study.

d. It is important that both the claims folder and the VR&E file be studied before the interview is undertaken. As much information as possible from these official records should be secured and transcribed to the Interview Outline Form before the interview, in order both to be adequately prepared for the interview and to avoid unnecessary questions.

Data for the first section of the Outline—question 1 through 44—should all be available in existing records.

e. Consultation with the vocational rehabilitation and education staff member who is in direct touch with the individual blinded veteran will be invaluable to the interviewer and will precede the interview in each instance.

3. Veterans Who Have Moved or Are Deceased—a. If the veteran is found to be residing within the jurisdiction of another regional office, such information as is available will be forwarded on a VA Form 10–9440 (in triplicate) to that regional office to assist them in completing questions 1 through 44. The first sheet of an interview outline will be prepared to show the new address and office of jurisdiction, and this will be forwarded to Central Office with the other completed interview outlines.

b. If the veteran is deceased, the interview outline will be marked "Deceased" in the space for address (item 4) and the first page only of the outline returned to Central Office, together with the other completed interview outlines.

4. Interview Assignments.—The names of the veterans will be assigned to social workers as soon as the list of blinded veterans and copies of the interview outline are received from Central Office. The interviews are to be conducted by VA social workers only. It is requested that stations assign this project to the more skilled and experienced staff members.

5. Schedule of Interviewing.—Every effort should be made to complete the interviews within 4 months from the date the list of names is received from Central Office. At least 10 days before the visit, the Chief Medical Officer should notify the veteran by letter (in duplicate) (FL 10–S13) of the proposed day and hour of the visit. A self-addressed, penalty-indicia envelope should be enclosed for the veteran's reply. He may prefer to come to the regional office for the interview, at his own expense. There is no objection to this, but a home visit is preferable.

6. Interviewing Employers or Relatives of the Veteran.—It is not intended that the social worker interview employers or relatives of the veteran. If relatives or others volunteer any information, it should be included and identified as such.

7. The Interview.—a. It is to be made clear by the social worker that there is no intention on the part of the Government to reduce or curtail any benefits or compensation blinded veterans are receiving. The interview is aimed solely toward bringing about the optimum rehabilitation of each blinded veteran.

b. NOTE CAREFULLY THE FOLLOWING:

(1) *Questions without asterisks* are specific and should be answered by the veteran in all instances, unless the information is not available, in which case the reason should be stated.

(2) *Questions marked with one asterisk* are supplied for the purpose of showing the social worker what to look for. His rapport with the veteran may be jeopardized if he ventures to ask directly the questions in this category. His initiative and judgment must guide

him in each instance in deciding whether to do this. It is more important to get a good picture of the veteran and find out what assistance he needs than it is to secure a specific answer to those questions marked with an asterisk. Among the questions which are left to the social worker's judgment, none is to be asked if, in the opinion of the social worker, it would infringe upon the veteran's individual privacy and sensitivity, or make him feel that the aim of the interview is other than helpful or that a low opinion of his accomplishment is held.

(3) *Questions marked with two asterisks are not to be asked by the social worker,* but he should be alert to note and record this type of information if the veteran volunteers it.

(4) If any question marked with 1 or 2 asterisks is not answered, a line should be drawn through it, and a statement made by the social worker in item 116 if he feels his failure to obtain an answer was in any way significant.

(5) Answers to the questions marked (PC) are to be transferred by the social worker at the regional office to VA Form 10–9439. If a question marked (PC) cannot be answered, insert a zero in the appropriate box on the VA Form 10–9439. Answers to these questions are to be compiled in Central Office for information about the group as a whole. It is very important that all these questions be answered—if not by the veteran himself, then by the social worker. It will be noted that certain of these questions are marked with either one or two asterisks, indicating that the opinion of the social worker may be given rather than an answer from the veteran. In these cases it is understood that the social worker can only answer to the best of his knowledge and belief, and the social worker is requested to complete the form on that basis in order that these impressions may be reflected concerning the entire group.

(6) THE MOST IMPORTANT GOAL OF THIS STUDY IS TO SECURE ANSWERS TO THE LAST THREE SUMMARIZING ITEMS—115, 116, AND PARTICULARLY 117: "GIVE RECOMMENDATIONS FOR ANY HELP THE VETERAN SEEMS TO NEED. INDICATE THE NEXT STEPS WHICH THE SOCIAL WORKER PLANS TO TAKE, AS WELL AS REFERRALS MADE TO OTHER VA PERSONNEL." THESE THREE ITEMS ARE THE FOCAL POINT OF THE *ENTIRE* INTERVIEW AND SHOULD BE KEPT IN MIND THROUGHOUT.

8. One copy of the interview outline and the VA Form 10–9439 will be forwarded * * * * * upon their completion, without awaiting accomplishment of action in relation to the services needed by the veteran.

9. * * * * *.*

10. The date of the veteran's entry into service, discharge date, etc., in questions 13–17, will apply to his most recent service, during which, or as a result of which, he lost his sight.

Supplementary instructions

11. Interpretation of Specific Questions.—(These instructions are to be studied after making a careful review of the interview outline.)

a. One of the purposes of the survey is to build up a detailed picture of each veteran studied. In order to accomplish this a great many questions have been asked and at the same time considerable latitude is allowed to the social worker in deciding whether or not some of these questions need be put to the veteran. The interviewer should adjust phraseology to fit the individual veteran and state all the questions in a manner which will draw out the essential and obvious meaning of the question.

b. Questions need not be asked in the order presented and may be put strategically for securing information. Those which, in the opinion of the social worker, encourage the veteran to speak might precede and alternate with those which may make him pause before answering, or become guarded in his replies.

c. From their social work experience, interviewers will know that a question like, "Does the veteran require sighted help to do his job?" will probably result in an explanation which the veteran is eager to give, probably because he will want to let the social worker know how little help he requires. On the other hand, a question like, "If the veteran's hearing ability is impaired, is he aware that it affects his orientation and travel ability?" may be a question which could lead to his withdrawal if it gives sudden insight which he may feel he should have gained for himself and consquently feels embarrassed over not having gained.

d. The following interpretative questions and statements will assist in conveying the meaning desired by items in the questionnaire. The numbers given correspond to the question in the interview outline.

32. This report should appear in Vocational Rehabilitation and Education records. Make this brief, covering special courses of training for blinded veterans, the type of adjustment indicated and such related information as appears significant.

47. Is he at a disadvantage in making discriminations for efficient living, and is he submissive to unwanted conditions through reluctance to admit his lack of sight?

49. It is important that interest in surgery not be stimulated if it is dormant.

58. This question is especially important because in the service war blind programs the teaching of cane technique has had particular stress.

63. By the term "in use" is meant, "Does he make use of the equipment as occasion demands?"
In connection with questions 63 and 64, list only standard equipment appearing in TE–No. 2, August 1, 1951, or specially authorized.

76. Unmarried veterans living with parents will be considered as living with relatives.

77. Is the veteran oriented within his home with regard to location of furniture, exits, and natural home hazards? It is expected that

virtually all veterans will have achieved this, and it is probably a mark of extreme regression if this is not the case.

86. Did the veteran appear irritated by the request for the interview, or did he in any way act as though he felt that this was another inescapable chore resulting from his blindness?

87. Did the veteran appear to be worried about the social, or economic problems he believed his family was encountering because of his blindness, i. e., real or fancied social snubs, inadequate funds for rearing his children, or any other evidence of concern along these lines?

88. Is there any marked evidence that the veteran feels at a loss as to how to conduct himself in his contacts with the public, in social meetings, at church, or in his contacts with business people?

89. Answer "yes" if he feels that he is accepted as one of the group, that by and large most of the people are friendly toward him and trying to help him.

90. Answer "yes" if it appears that the veteran and his family are living in harmony. Evidences of friction, antagonism, or misunderstanding between the veteran and members of the family would require a negative answer.

91. In answering this question consider the economic level of the veteran and the manner of dress in the community.

92. "Psychological slump" is often evidenced by a slumped or slouched manner of sitting, a dropping or hanging forward of the head, and other signs of listlessness or inertia.

94. The answer to this question must be obtained from an overall consideration of the veteran's state of mind as observed at the time of the interview.

95. Consider whether ideas or thoughts are complete and orderly—is there an unusual amount of vagueness—a jumping from one idea to another without any apparent stimulus.

96. Are sentences completed—do expressions begin and then drift off into silence or unrelated statements—is the veteran at a loss for words to convey his meaning?

99. Is there strong evidence of illusory or fanciful ideas or does he understand his limitations and his strong points?

100. Does he make a proper use of his wits to understand current affairs or happenings, or is he so engrossed in his own world that he has lost interest in all else? Does he have opinions of his own on current events?

101. Are the veteran's plans within the limits of his capabilities, or are they grandiose daydreams? Is he relying on vague promises of help that appear to emanate from wishful thinking? Do his plans sound as though they could be successfully carried out by him giving due consideration to physical and economic limitations?

103. The answer to this question is closely linked with the interviewer's reactions to questions 102, 98, 94, and 92. Introspection, and

self-absorption often occur when the person feels depressed, and disregarded by friends and relatives. He may make such statements as "I'm no good to myself or anyone else;" or spend a disproportionate amount of time talking about his personal problems, the futility of his plans or of others' lack of appreciation.

VETERANS ADMINISTRATION

YOUR FILE REFERENCE:

IN REPLY REFER TO:
C-

It has been our experience that some of the most helpful suggestions for improving services to veterans have come from disabled veterans themselves. We should like to review with you personally the various services and benefits established by Congress for blinded veterans and administered through the Veterans Administration.

With a view to discussing which of these benefits you have found applicable to your needs and how you have used them, we should like to have a member of our staff come to talk with you. The purpose of this letter is to set a date for meeting you.

Will you please indicate on the form provided on the reverse of this letter whether will be satisfactory for you? If not, please indicate a time more convenient for you.

If you would prefer to come to the Veterans Administration regional office at your own expense, please state the date and the hour you would like the appointment, allowing enough time for us to let you know in reply whether this will be a satisfactory time for us also.

A self-addressed envelope (which requires no postage) is enclosed for your reply.

If the above address, as it appears in our files, is incorrect, will you please include your correct address? Reply as quickly as you can.

Before our representative visits you, you may wish to think over your experiences and how they might lead to improvement in services, not only for yourself, but for all blinded veterans.

Very truly yours,

Encl.

FL 10-S13
Aug 1952

Chief Medical Officer

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

☐ I will be able to arrange to see your representative at the time and date specified in your letter.

☐ I will not be able to see your representative at the time specified in your letter but I can arrange an appointment on _____
(Date and hour)

at _____
(Address)

☐ I should prefer to come to your office at my own expense on _____
(Date)

at _____
(Hour)

_____ (Signature of veteran)

_____ (Date)

_____
(New mailing address of veteran if there has been a change)

Budget Bureau No. 76-S[illegible]
Approval Expires August 31, 1952

VETERANS ADMINISTRATION

INTERVIEW OUTLINE FOR STUDY OF BLINDED VETERANS WITH SERVICE CONNECTED DISABILITIES INCURRED SINCE THE BEGINNING OF WORLD WAR II, DECEMBER 7, 1941

REPORTS CONTROL SYMBOL ID-22-5

PART I - RECORD INFORMATION

1. (PC) NAME OF REGIONAL OFFICE SERVICING VETERAN

2. (PC) ESTIMATED MILES FROM HOME TO REGIONAL OFFICE

3. VETERAN'S LAST NAME - FIRST NAME - MIDDLE INITIAL

4. ADDRESS

5. DATE OF BIRTH (Month and Year)

6. RACE

7. SEX ☐ MALE ☐ FEMALE

8. (PC) CLAIM NO. C-

✓	9. (PC) MARITAL STATUS	10. DATE	11. LIST DEPENDENTS	12. AGE
1	MARRIED			
2	NEVER MARRIED			
3	WIDOWED			
4	DIVORCED			
5	SEPARATED			

13. DATE ENTERED SERVICE

14. BRANCH OF SERVICE ☐ ARMY ☐ AIR FORCE ☐ NAVY ☐ MARINE CORPS ☐ COAST GUARD

15. SERVICE NO.

16. DATE DISCHARGED

17. GRADE OR RANK

18. NO. OF COMPENSABLE DISABILITIES DUE TO COMBAT

19. NO. OF COMPENSABLE DISABILITIES NOT DUE TO COMBAT

20. DEGREE OF DISABILITY %

21. CLASS OF MAJOR DISABILITY (Reply in words, not in code)

22. DIAGNOSIS OF MAJOR DISABILITY

23. LOSS OF USE

24. ANATOMICAL LOSS

25. BEGINNING DATE OF ORIGINAL AWARD

26. IS THE VETERAN UNDER LEGAL GUARDIANSHIP? ☐ YES ☐ NO

27. (PC) VETERAN'S BLINDNESS WAS DUE TO (Check one) 1 ☐ INJURY 2 ☐ DISEASE

28. DATE OF INJURY LEADING TO BLINDNESS OR FIRST INDICATION OF BLINDNESS DUE TO DISEASE

29. IF BLINDNESS IS DUE TO DISEASE, GIVE DATE OF SERIOUS SYMPTOMS BEYOND ORDINARY CHANGES IN EYE CONDITIONS

30. (PC) THE VETERAN HAS BEEN VISUALLY DISABLED FOR (Give years) YRS

31. (PC) THE VETERAN RECEIVED REHABILITATION TREATMENT AT
1 ☐ VALLEY FORGE GENERAL HOSPITAL
2 ☐ DIBBLE ARMY GENERAL HOSPITAL
3 ☐ AVON OLD FARMS CONVALESCENT HOSPITAL
4 ☐ PHILADELPHIA NAVAL HOSPITAL
5 ☐ VAN, HINES, ILL.
6 ☐ OTHER (Specify)

32. SUMMARIZE THE REPORTS FROM REHABILITATION HOSPITAL AS TO DATES, PERSONAL RESPONSE, DISPLAY OF INITIATIVE, APPARENT ADJUSTMENT TO BLINDNESS, AND TRAINING RECEIVED (Continue on reverse or use supplemental sheet, if necessary)

NOTE: See Covering Issue for explanation of (PC) (*) (**)

V A FORM AUG 1952 10-9440 (NONRECURRING)

PAGE 1 OF 3 PAGES

32 (Cont'd)

33. EDUCATION *(Give number of years of schooling completed before blindness)*

ELEMENTARY SCHOOL	HIGH SCHOOL	COLLEGE *(Degree)*	GRADUATE SCHOOL *(Degree)*	VOCATIONAL SCHOOL

34. IF TRAINED FOR OCCUPATION BEFORE BLINDNESS, NAME THE OCCUPATION

35. (PC) DID THE VETERAN APPLY FOR VOCATIONAL REHABILITATION UNDER P.L. 16? 1 ☐ YES 2 ☐ NO

36. (PC) DID THE VETERAN RECEIVE VOCATIONAL ADVISEMENT FROM A VA VOCATIONAL ADVISER? 1 ☐ YES 2 ☐ NO

37. IF THE VETERAN HAS BEEN OFFERED VOCATIONAL REHABILITATION TRAINING BUT HAS DECLINED TO ACCEPT IT, WHAT WERE HIS REASONS FOR REFUSING TO ACCEPT IT?

38. LIST ALL EMPLOYMENT OBJECTIVES FOR WHICH VETERAN WAS ENTERED INTO TRAINING AND THE LENGTH AND TYPE OF TRAINING FOR EACH, AS SHOWN IN VRBC RECORDS

EMPLOYMENT OBJECTIVES	PL 16	PL 346	TYPE OF TRAINING	LENGTH OF TRAINING	DATES PURSUED

39. (PC) WHAT IS VETERAN'S PRESENT VRBC STATUS? 1 ☐ IN TRAINING 2 ☐ TRAINING INTERRUPTED 3 ☐ TRAINING DISCONTINUED 4 ☐ REHABILITATED 5 ☐ OTHER *(Specify)*

40. (PC) IF THE VETERAN IS IN TRAINING OR HAS LEFT TRAINING RECENTLY, HAS HE MADE ANY DEFINITE PLANS FOR OBTAINING EMPLOYMENT IN THE OCCUPATION FOR WHICH HE IS BEING OR WAS TRAINED? 1 ☐ YES 2 ☐ NO 3 ☐ NOT APPLICABLE

41. (PC) IS HE RECEIVING OR HAS HE RECEIVED ASSISTANCE FROM THE TRAINING OFFICER IN MAKING PLANS FOR EMPLOYMENT AFTER TRAINING? 1 ☐ YES 2 ☐ NO 3 ☐ NOT APPLICABLE

42. (PC) IF TRAINING HAS BEEN COMPLETED, HAS HE BEEN REFERRED TO THE STATE OR FEDERAL EMPLOYMENT SERVICE FOR PLACEMENT SERVICE? 1 ☐ YES 2 ☐ NO 3 ☐ NOT APPLICABLE

43. IF STILL IN TRAINING OR NOT EMPLOYED FOLLOWING TRAINING, WHAT ARE THE PLANS HE HAS MADE, OR BEEN ASSISTED IN MAKING, FOR FINDING A JOB? *(Explain briefly)*

44. (PC) IF THE VETERAN HAS BEEN IN TRAINING, IS HE EMPLOYED IN THE OCCUPATION FOR WHICH HE WAS TRAINED?

1 ☐ YES 2 ☐ NO 3 ☐ NOT APPLICABLE *(If checked "No," explain)*

PART II - INTERVIEW QUESTIONS

45. (PC) IF THE BLINDNESS WAS NOT TOTAL AT THE OUTSET STATE THE APPROXIMATE LENGTH OF TIME BEFORE HIS EYE CONDITION STABILIZED ON ITS PRESENT BASIS. I.E., THE TIME DURING WHICH THE VETERAN REMAINED IN DOUBT ABOUT HIS CHANCE OF SEEING

1 ☐ LESS THAN 2 WEEKS 2 ☐ FROM 2 TO 8 WEEKS 3 ☐ FROM 2 TO 10 MONTHS 4 ☐ FROM 10 MONTHS TO 2 YEARS 5 ☐ MORE THAN 2 YEARS 6 ☐ NOT APPLICABLE

46. (PC) THE VETERAN'S SIGHT IS PARTIAL BUT IS ADEQUATE FOR

1 ☐ WALKING ABOUT 2 ☐ EATING 3 ☐ DRESSING 4 ☐ READING 5 ☐ RECOGNIZING PEOPLE 6 ☐ READING STREET SIGNS 7 ☐ READING FINE MEASUREMENTS 8 ☐ NOT APPLICABLE

47. (*) DOES THE VETERAN SUFFER HARDSHIP FROM TRYING TO COVER UP PARTIAL BLINDNESS?

☐ YES ☐ NO ☐ NOT APPLICABLE

48. (PC) IF THE VETERAN HAS RESIDUAL VISION, DOES HE KEEP IN TOUCH WITH A PHYSICIAN REGARDING ANY POSSIBLE PROGRESSIVE TROUBLE AND CONSERVATION OF REMAINING VISION?

1 ☐ YES 2 ☐ NO 3 ☐ NOT APPLICABLE

49. (**) DID THE VETERAN ASK ABOUT NEW DEVELOPMENT IN SURGERY AS THOUGH HE HOPED TO SEE AGAIN?

☐ YES ☐ NO ☐ NOT APPLICABLE

50. IS THE VETERAN'S HEARING ABILITY IMPAIRED?

☐ YES ☐ NO

51. IF THE VETERAN'S HEARING ABILITY IS IMPAIRED, IS HE AWARE THAT IT AFFECTS HIS ORIENTATION AND TRAVEL ABILITY?

☐ YES ☐ NO

52. IN THE LAST YEAR THE VETERAN'S WEIGHT HAS

☐ INCREASED BY: LBS. ☐ DECREASED BY: LBS. ☐ REMAINED THE SAME

53. WHAT ARE THE VETERAN'S PHYSICAL COMPLAINTS?

54. (PC) DOES THE VETERAN USE A GUIDE DOG?

1 ☐ YES 2 ☐ NO

55. (PC) IF ITEM 54 IS "YES," IS HE SATISFIED WITH IT

1 ☐ YES 2 ☐ NO

56. DOES THE VETERAN READ BRAILLE?

☐ YES ☐ NO

57. IF THE VETERAN DOES NOT READ BRAILLE, WHAT ARE HIS REASONS FOR NOT DOING SO?

58. (PC) THE VETERAN USES

1 ☐ NO CANE 2 ☐ COLLAPSIBLE CANE 3 ☐ WHITE WOODEN TYPE CANE 4 ☐ LONG METAL (8 OZ. NON-COLLAPSIBLE) TYPE CANE ISSUED BY VA 5 ☐ ANOTHER TYPE CANE *(Specify)*

59. (PC) DOES THE VETERAN HAVE PLASTIC EYES?

1 ☐ YES 2 ☐ NO

60. (PC) IF ITEM 59 IS "YES," DOES HE HAVE SPARES?

1 ☐ YES 2 ☐ NO

61. (**) IF ITEM 59 IS "YES," DO THEY LOOK WELL?

☐ YES ☐ NO

62. IF THE VETERAN HAS PLASTIC EYES BUT DOES NOT WEAR THEM, EXPLAIN

63. LIST BELOW ALL OF THE PROSTHETIC APPLIANCES AND SENSORY AIDS THAT THE VETERAN HAS

LINE NO.	NAME OF AID OR APPLIANCE	IN USE		NEED REPAIR	
		YES	NO	YES	NO
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

64. LIST BELOW ALL OTHER PROSTHETIC APPLIANCES OR SENSORY AIDS THAT THE VETERAN FEELS HE NEEDS

	NAME OF AID OR APPLIANCE
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

65. (PC) IS THE VETERAN WORKING?
1 ☐ YES 2 ☐ NO

66. IF ITEM 65 IS "YES," IS HE WORKING? (Check)
☐ ON SALARY ☐ SELF EMPLOYED ☐ NOT APPLICABLE ☐ OTHER (Specify)

67. (PC) THE VETERAN OBTAINED HIS JOB THROUGH
1 ☐ STATE OR FEDERAL EMPLOYMENT AGENCY
2 ☐ VA TRAINING OFFICER
3 ☐ OTHER VA OFFICIAL
4 ☐ STATE AGENCY FOR THE BLIND
5 ☐ PRIVATE AGENCY FOR THE BLIND
6 ☐ FRIEND OR RELATIVE
7 ☐ OWN INITIATIVE
8 ☐ NOT APPLICABLE

68. WHAT IS THE VETERAN'S JOB TITLE?

69. (PC) IF THE VETERAN IS EMPLOYED, HOW MANY HOURS PER WEEK DOES HE AVERAGE?
HRS.

70. SUMMARIZE BRIEFLY WHAT THE VETERAN DOES IN HIS JOB, AND WHETHER ANY SPECIAL ARRANGEMENTS ARE NECESSARY FOR HIM TO DO IT.

71. (PC) DOES THE VETERAN REQUIRE SIGHTED HELP TO DO HIS JOB?
1 ☐ YES 2 ☐ NO

72. (PC) DOES THE VETERAN FEEL THAT THIS JOB IS REALLY SATISFYING TO HIM?
1 ☐ YES 2 ☐ NO

73. (PC) HAS THE VETERAN REFUSED ANY JOB OFFERED?
1 ☐ YES 2 ☐ NO

74. IF THE VETERAN HAS BEEN OFFERED A JOB BUT HAS REFUSED IT, WHAT WERE HIS REASONS?

75. IF THE VETERAN IS NOT WORKING, HOW DOES HE SPEND HIS DAY? *(If he feels that he has worked out a way of life that is dignified and useful, despite the fact that he has no gainful employment, outline his concept of what he is doing as fully as possible. Use supplemental sheet if necessary).*

76. THE VETERAN RESIDES
☐ IN HIS OWN HOME ☐ IN RENTED QUARTERS ☐ WITH RELATIVES

77. HAS THE VETERAN STUDIED HIS HOUSEHOLD ARRANGEMENTS?
☐ YES ☐ NO *(If "No," explain)*

78. (PC) DOES THE VETERAN ASSOCIATE SOCIALLY WITH OTHER BLIND PEOPLE?
1 ☐ YES 2 ☐ NO 3 ☐ ANSWER NOT OBTAINED

79. WHAT DOES THE VETERAN DO IN HIS LEISURE TIME?

80. DOES VETERAN HAVE DIFFICULTY SLEEPING?
☐ YES ☐ NO *(If "Yes," why)*

81. HOW LONG HAS THIS CONDITION EXISTED?

82. IF THE VETERAN HAS A RECREATION, WHAT IS IT?
☐ CARDS ☐ BOWLING ☐ ATTENDANCE AT MOVIES ☐ DANCING
☐ GOLF ☐ FISHING ☐ ATTENDANCE AT THEATRE ☐ OTHER *(Specify)*

83. HAS THE VETERAN A RECREATION IN WHICH HE CAN BE INDEPENDENT OF OTHERS?
☐ YES ☐ NO *(If "Yes," specify)*

84. DOES THE VETERAN INCLUDE OTHER PEOPLE IN SOME OF HIS RECREATION?
☐ YES ☐ NO

PART III - OBSERVATIONS

85. (*PC) THE VETERAN APPEARED TO

1 ☐ HAVE NO DIFFICULTY FINDING A TIME FOR THE INTERVIEW
2 ☐ HAVE GREAT DIFFICULTY ARRANGING FOR THE INTERVIEW DUE TO OTHER ACTIVITIES
3 ☐ WANT TO AVOID THE INTERVIEW

86. (**PC) DID THE VETERAN SHOW ANY SIGNS OF THINKING HE HAD SEEN SHOWN TOO MUCH ATTENTION BY THE VA AND SHOULD BE LET ALONE?

1 ☐ YES 2 ☐ NO

87. (*) DOES THE VETERAN SHOW ANXIETY OR CONCERN OVER THE EFFECT HE BELIEVES HIS BLINDNESS HAS ON OTHERS IN HIS FAMILY?

☐ YES ☐ NO

88. (PC) DOES THE VETERAN APPEAR TO FEEL THAT HE IS ABLE TO COPE WITH COMMUNITY AND PUBLIC ATTITUDES TOWARD BLINDNESS IN A SATISFACTORY MANNER?

1 ☐ YES 2 ☐ NO

89. DOES THE VETERAN THINK WELL OF THE COMMUNITY IN WHICH HE LIVES?

☐ YES ☐ NO

90. (**) DOES THE VETERAN'S RAPPORT WITH HIS FAMILY SEEM SATISFACTORY?

☐ YES ☐ NO

91. (**) IS THE VETERAN GROOMED AND DRESSED, IN KEEPING WITH HIS PERSONALITY AND THE MILIEU IN WHICH HE FINDS HIMSELF?

☐ YES ☐ NO

92. (**) DOES THE VETERAN'S POSTURE INDICATE A PSYCHOLOGICAL SLUMP?

☐ YES ☐ NO

93. (**) DOES THE VETERAN REVEAL ANY OF THE FOLLOWING SO-CALLED "BLINDISMS"?

☐ GRIMACING ☐ VACANT STARE ☐ FAILURE TO LOOK AT THE PERSON TO WHOM HE WAS TALKING ☐ NONE OF THESE

94. (**) ALLOWING FOR DISFIGUREMENT DUE TO ACCIDENT, DOES THE FACIAL EXPRESSION OF THE VETERAN APPEAR COMPOSED WITHOUT SIGNS OF ANXIETY OR DEPRESSION?

☐ YES ☐ NO ☐ NOT APPLICABLE

95. (**) DO THE VETERAN'S THINKING PROCESSES APPEAR WELL ORDERED?

☐ YES ☐ NO

96. (**) IS THE VETERAN ABLE TO EXPRESS HIMSELF ADEQUATELY IN LANGUAGE?

☐ YES ☐ NO

97. (**) DOES THE VETERAN COMPLAIN THAT PEOPLE IN GENERAL ARE INADEQUATE AT EXPLAINING THINGS TO HIM?

☐ YES ☐ NO

98. (**) DOES THE VETERAN COMPLAIN THAT PEOPLE TEND TO DISREGARD HIM?

☐ YES ☐ NO

99. (**) DOES THE VETERAN'S JUDGEMENT CONCERNING HIMSELF AND HIS GENERAL SITUATION SEEM REALISTIC?

☐ YES ☐ NO

100. (**) DOES THE VETERAN APPEAR WELL INFORMED AT HIS INTELLECTUAL LEVEL?

☐ YES ☐ NO

101. (**) IF THE VETERAN HAS PLANS FOR THE FUTURE, DO THEY SEEM REALISTIC?

☐ YES ☐ NO ☐ NOT APPLICABLE

102. (**) DOES THE VETERAN APPEAR .

☐ NERVOUS
☐ DEPRESSED
☐ NEITHER

103. (**) DOES THE VETERAN APPEAR TO HAVE ANY TENDENCY TOWARD MORBID INTROSPECTION AND SELF-ABORPTION?

☐ YES ☐ NO *(If "Yes" explain)*

104. (**) IS THERE ANY INDICATION THAT THE VETERAN HAS ADOPTED A MASK OF CHEERFULNESS TO COVER UP HIS REAL FEELINGS?

☐ YES ☐ NO

105. DOES THE VETERAN SEEM POLITE AND TRACTABLE TO A DEGREE WHICH SEEMED TO INDICATE A PASSIVE ACCEPTANCE OF WHAT THE PEOPLE AROUND HIM WANT?

☐ YES ☐ NO

106. (**) DOES THE VETERAN SEEM OVER-OBSERVANT OF THE FAULTS OF OTHERS?

☐ YES ☐ NO

107. (**) DID THE VETERAN APPEAR ANXIOUS TO GIVE A GOOD ACCOUNT OF HIMSELF?

☐ YES ☐ NO

108. (**) WAS THERE ANY SUBJECT THE VETERAN KEPT COMING BACK TO, SHOWING A PARTICULAR DESIRE TO PRESS HIS POINT OF VIEW WITH THE SOCIAL WORKER? *(Specify)*

109. (**) WAS THERE ANY SUBJECT THAT THE PATIENT SEEMED PARTICULARLY ANXIOUS TO AVOID *(Specify)*

110. (**) GIVE ANY VERBATIM SAMPLES OF UTTERANCES AND REACTIONS WHICH SEEM TO REVEAL THE GENERAL TREND OF THE PATIENT'S ATTITUDE TOWARD BLINDNESS

111. (**) DID THE VETERAN MAKE ANY SUDDEN OUTBREAK WHICH MIGHT INDICIATE A LARGE AMOUNT OF PENT-UP FRUSTRATION, AND WHAT LED TO THIS?

112. (*) DID THE VETERAN EXPRESS AN OPINION THAT HIS REHABILITATION WAS STRONGLY INFLUENCED BY AN INDIVIDUAL? *(State type or relationship and give significant details)*

113. HAS THERE AT ANY TIME BEEN ANY UNUSUAL EXPERIENCE (EITHER HELPFUL OR HARMFUL) IN THE VETERAN'S STRUGGLE WITH HIS PROBLEMS WHICH HE THINKS IS SO VALUABLE THAT HE WOULD LIKE TO SHARE? *(Specify)*

114. (PC) IF THE VETERAN DOES NOT FEEL THAT HE TOOK FULL ADVANTAGE FROM HIS EARLY MEDICAL REHABILITATION TREATMENT OR TRAINING IN THE ARMY, NAVY, OR VA HOSPITALS, DOES HE HAVE A SENSE OF SEVERE LOSS SO THAT HE THINKS HE SHOULD GET REMEDIAL TREATMENT OF THIS TYPE NOW?

1☐ YES 2☐ NO 3☐ NOT APPLICABLE

115. (**PC) DOES THE VETERAN ACCEPT LIFE IN A POSITIVE WAY, ALTHOUGH BLINDNESS IS ONE OF THE CONDITIONS WITH WHICH HE MUST DEAL?

1☐ YES 2☐ NO

116. SUMMARIZE DATA SUPPORTING THE ABOVE REPLY

116. SUMMARIZE DATA SUPPORTING THE ABOVE REPLY (Cont'd)

RECOMMENDATIONS

117. GIVE RECOMMENDATIONS FOR ANY HELP THE VETERAN SEEMS TO NEED. INDICATE THE NEXT STEPS WHICH THE SOCIAL WORKER PLANS TO TAKE, AS WELL AS REFERRALS MADE TO OTHER VA PERSONNEL

SIGNATURE OF INTERVIEWER	TITLE	DATE

PAGE 6 OF 6 PAGES

APPENDIX IV

FORMULAS IN STANDARD ERROR OF REASONING OF HOSPITAL COMPARISONS

When data on the war blinded veterans were sorted according to the hospital in which the veteran received his medical care, considerable variation among hospitals was observed. The percentage of veterans employed, the proportion blinded by injury, etc., was often different from hospital to hospital. Some variation of this kind could be expected to occur by chance combinations of factors influencing the magnitude of each percent figure. In order to determine when the percentage for a given hospital on a given variable probably should be regarded as involving something other than chance, recourse was made to simple standard error reasoning. The number (n) of veterans reported as receiving treatment in a given hospital was considered as a random sample of size n drawn from a population in which the percentage (p) for each variable for the 1949 veterans was considered the true value. The standard error for a sample size n drawn from a population in which the true value is p was calculated by the formula:

$$SE_p = \sqrt{\frac{(p) \quad (100 - p)}{n}}$$

Hospitals for which the percentage obtained on a given variable deviated from the average percentage by more than one standard error but less than two standard errors were assigned a lower case "h" or "l" depending upon whether the percentage was higher or lower than the average. Hospitals for which the percentage obtained for a given variable deviated by two standard errors from the average were assigned an upper case "H" or "L" depending upon whether the percentage was higher or lower than the average.

For all hospital groups except the "none" group, the number coming from each hospital was judged to be small enough in relation to the total to not seriously violate the assumption of sampling from an infinite population. For the "none" group which constituted the largest percentage of the total, the total less "none" group was also considered a sample. The standard error of the difference between the percentage of two samples was used to determine on which variables the "none" group differed significantly from all others. The basic formula used for this standard error was:

$$SE_d = \sqrt{(p) \quad (100 - p)\left(\frac{1}{n_1} + \frac{1}{n_2}\right)}$$

The letter p was the percentage for the specified variable obtaining for the entire 1949 veterans, and n_1 and n_2 were the number of veterans in the "none" group and the total less "none" group respectively.

APPENDIX V

STATISTICAL BACKGROUND

An estimate of the total blind[21] population of the United States in 1953 was 310,000 according to a study reported by Ralph G. Hurlin.[22]

According to the system for managing claims in the Veterans Administration, blindness is rated by percentage of impairment. As of December 31, 1954, the total number of veterans who were receiving compensation for service-connected disabilities of the eye was 43,997.

Distribution of this group of veterans by the wars in which the veterans participated is as follows:

Spanish-American War	32
Regular Establishment	2,907
World War I	6,262
World War II	31,032
Korean Conflict	3,764

Distribution by percentage of impairment is in Table 89 below.

Of all veterans with service-connected disabilities (2,640,833), two-tenths of 1 percent (4,791) had disabilities of 70 percent to 100 percent predominantly for eye conditions. The 1,949 veterans—World War II, Regular Establishment, and Korean conflict—studied in this survey were selected from these 4,791 veterans. They were specially screened by ophthalmologists according to the standard definition of blindness quoted on page 5. In addition, a certain number of veterans were added who were service connected for another physical condition but whose blindness was not service connected. Another group was added whose blindness was secondary to some other condition sufficiently severe to mask blindness, such for example, as multiple sclerosis, double amputation, and the like.

Table 89.—*Number of veterans receiving compensation for service-connected visual disability as of December 31, 1954*

Combined degree of impairment with some percentage of visual disability	Grand total	Spanish-American War	Regular establishment	WW I	WW II	Korean conflict
100	2,986	8	211	773	1,724	270
90	329	----------	21	55	216	37
80	631	1	16	65	471	78
70	1,367	1	41	238	946	141
60	2,229	3	70	415	1,535	206
50	3,178	4	103	478	2,266	327
40	7,208	15	619	972	4,901	701
30	11,417	----------	1,209	1,542	7,843	823
20	3,978	----------	197	697	2,777	307
10	10,647	----------	420	1,027	8,328	872
0	27	----------	----------	--------	25	2
Grand Total	43,997	32	2,907	6,262	31,032	3,764

[21] See definition of blindness (p. 5.)

[22] Estimated Prevalence of Blindness in the United States (a publication of the American Foundation for the Blind).

APPENDIX VI

CODE FOR DETERMINING DIRECTION OF CHANGE IN OCCUPATIONAL CLASSIFICATION SINCE BLINDNESS

(Interview Questions 34 and 68)
Classification According to Numerical Code

1 Professional
2 Semiprofessional
3 Managerial and Official
4 Clerical and Sales
5 Service
6 Agricultural and Kindred
7 Skilled
8 Semiskilled
9 Unskilled
0 Not Working

	Before blindness (Interview question 34)	Since blindness (Interview question 68)
No change.	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9
"Upward" change.	2	1, 3
	4	1, 3
	5	1, 2, 3, 4, 7, 8
	6	1, 3
	7	1, 3
	8	1, 2, 3, 7
	9	1, 2, 3, 4, 7, 8
"Downward" change.	1	2, 4, 5, 6, 7, 8, 9
	2	5, 9
	3	2, 4, 5, 6, 7, 8, 9
	4	5, 9
	7	5, 8, 9
	8	5, 9
"Horizontal" (or indefinite) change.	1	3
	3	1
	2	4, 6, 7, 8
	4	2, 6, 7, 8
	6	2, 4, 5, 7, 8, 9
	7	2, 4, 6
	5	9
	9	5, 6
	8	4, 6
Not applicable.	0	0
	0	1, 2, 3, 4, 5, 6, 7, 8, 9
	1, 2, 3, 4, 5, 6, 7, 8, 9	0

APPENDIX VII

LAWS

Laws affecting the blinded veterans administered by the veterans administration.—Three kinds of legal provisions have been enacted through which it is possible for the Veterans Administration to assist blinded veterans. There are first the laws establishing procedures for all veterans, such as Public Law 536, 71st Congress, which is one of the basic laws by which the VA is administered. Secondly, there are laws applying specially to severely handicapped veterans, with special provision for the blind, such as Public Law 16, 78th Congress, and Public Law 894, 81st Congress, which make available vocational rehabilitation training in order to restore employability. In implementing these laws the Veterans Administration has by regulation and procedure made special provisions applicable to the blinded veteran among other severely handicapped veterans. Finally, there is one law—Public Law 85–56 (formerly PL 309, 78th Cong.)—enacted exclusively for blinded veterans, providing guide dogs, and mechanical and electronic equipment for the blind.

An assistance in understanding Federal benefits available to all veterans is a VA Fact Sheet, IS–1, October 1956, entitled "Federal Benefits Available to Veterans and Their Dependents." This sheet brings into focus eight major types of assistance frequently secured by blinded veterans from the Veterans Administration. These are:

1. Compensation for service-connected disability. (This ranges from $279 to $420 a month for service-incurred blindness in wartime.)
2. Vocational Rehabilitation. (This consists of payment of necessary training expenses as well as a subsistence allowance.)
3. Hospitalization.
4. Outpatient medical treatment for service-connected disabilities.
5. Guide dogs, electronic and mechanical equipment for the blind.
6. Automobiles or other conveyances.
7. Pension for nonservice–connected disability ($66.15 up to $135.45 for those requiring medical attendance).
8. Domiciliary care (for those incapacitated from earning a living with no means of support).

Table 90.—*Equipment issued under Public Law 85–56 (formerly PL 309, 78th Cong.). Data obtained and compiled by the Prosthetic and Sensory Aids Service*

FY	Braille slates		Braille watches		Braille writers		Dictating machines		Radios		Typewriters, portable		Typewriters, standard		Razors		Miscellaneous	
	New appliances																	
	No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost	No.	Cost
1947	28	$66.00	11	$148.00	31	$2,393.00	202	$32,276.00	250	$10,602.00	106	$6,191.00	41	$2,951.00	----	--------	------	--------
1948	33	244.10	107	1,198.33	41	3,942.36	260	89,418.06	346	16,135.42	136	9,589.42	42	3,888.69	----	--------	------	--------
1949	----	------	341	5,886.61	41	2,923.53	162	53,911.00	261	10,809.55	78	5,478.44	55	6,173.03	----	--------	------	--------
1950	----	------	261	3,569.03	25	1,839.20	127	40,088.65	188	7,379.09	87	5,949.73	63	7,196.17	----	--------	------	--------
1951	----	------	64	967.00	11	633.00	58	19,511.00	112	4,562.00	52	3,763.00	26	2,811.00	107	$1,672.00	3,586	$1,922.00
1952	----	------	62	1,017.55	28	1,736.13	84	30,224.13	138	5,657.17	34	2,526.04	61	7,192.42	----	--------	5,916	6,393.79
1953	----	------	181	2,111.55	86	6,683.30	88	31,156.46	153	5,984.06	32	2,444.42	67	8,587.33	----	--------	5,722	7,350.56
1954	----	------	152	2,002.70	39	2,960.42	91	29,851.72	136	5,449.97	49	3,862.25	56	7,503.20	----	--------	5,330	6,829.81
1955	----	------	166	1,923.13	62	4,997.71	90	30,905.70	146	5,614.47	47	3,927.34	50	7,547.49	----	--------	4,378	7,225.37
Total	61	310.10	1,344	18,832.90	364	28,108.65	1,162	357,342.72	1,730	72,193.73	721	43,731.70	461	53,845.33	107	1,672.00	24,932	29,721.53
	Repairs																	
1947	----	------	2	$18.00	----	--------	1	$4.00	11	47.00	----	--------	----	--------	----	--------	------	--------
1948	----	------	20	139.50	1	$6.00	15	190.12	28	180.65	4	$31.68	4	$29.07	----	--------	------	--------
1949	----	------	90	659.52	8	60.52	150	2,041.11	226	1,548.97	25	180.30	21	251.97	----	--------	------	--------
1950	----	------	157	1,006.44	17	178.88	199	2,570.13	220	1,589.56	36	426.91	25	471.39	----	--------	------	--------
1951	----	------	176	1,291.00	11	155.00	132	1,773.00	187	1,288.00	50	476.00	29	361.00	39	218.00	10	141.00
1952	----	------	182	1,404.30	5	59.17	184	2,861.97	209	1,649.46	49	491.38	33	445.99	----	--------	138	1,316.58
1953	----	------	197	1,497.66	2	22.00	140	2,140.94	242	1,969.93	55	537.69	38	609.90	----	--------	195	1,428.74
1954	----	------	212	1,527.88	6	85.11	142	2,095.50	192	1,465.63	42	457.15	45	553.37	----	--------	230	1,381.83
1955	----	------	200	1,463.48	4	35.15	171	2,607.79	218	1,814.41	52	688.98	53	779.40	----	--------	244	1,619.55
Total	----	------	1,236	8,997.78	54	601.83	1,135	16,284.56	1,533	11,553.64	313	2,878.09	248	3,502.09	39	218.00	817	5,887.70

Total number new appliances—30,782 Total cost new appliances—$605,758.66
Total number repairs—5,375 Total cost repairs—$49,923.69
Total cost new appliances and repairs—$655,682.35

End of app 7 (Weduel's mon Rev #)

APPENDIX VIII

COMPENSATION

The entire study group is made up of individuals receiving compensation for service-connected disabilities. This ranges from $401 for anatomical loss of both eyes without additional disabilities to $309 a month for blindness of both eyes with 5/200 central visual acuity or less[23]; $359 a month for blindness of both eyes rendering the veteran "so helpless as to be in need of regular aid and attendance"[24].

[23] Concentric contraction of the visual fields to 5 degrees is considered no better than 5/200 central vision for purpose of entitlement to special monthly rate.

[24] This is interpreted broadly as referring to need for all of the special personal services required by independent blind people, public transit, use of hotels and restaurant accommodations, etc., even if actual movement to and from the destination is possible without special help.

APPENDIX IX

HOSPITAL PROGRAMS OUTLINED

A. Summary and Recommendations of the President's Committee on Rehabilitative Measures to be Carried on by the War and Navy Departments with Respect to Blinded Servicemen Prior to Discharge from the Service

Summary

It is considered that a plan for the vocational rehabilitation of blind veterans following their discharge from the Armed Forces should be based upon adjustment training as follows:

Social adjustment training should begin as quickly as possible after it has been determined that the patient will be blind. Therefore, each blind patient should have such social adjustment training during hospitalization as may be feasible. However, it is believed that few of such persons at the time of discharge from the hospital will have received all of such training that is necessary to enable them successfully to pursue vocational training or employment following vocational rehabilitation. It would be hardly feasible, if not impossible, to provide all of such training during hospitalization, and many patients will not remain long enough under medical treatment to complete all of the social adjustment that is necessary even if it were available.

When a blind person has reached the maximum benefit from hospitalization, he should continue such social adjustment training as may be necessary to enable him to undertake with confidence a course of vocational training and to pursue same to a successful conclusion—satisfactory employment. In order to apply this principle effectively the social adjustment training should be completed before the blind person is discharged from the service.

The Veterans Administration, before the person has completed his social adjustment training and prior to his discharge from the service, should arrange for each blind person a course of vocational rehabilitation to be pursued after discharge.

A long continued residence in institutions for the blind must be avoided. However, a short association with other veterans having the same disability will be of value to the newly blinded veteran.

The length of time which may be required to adjust the blind veteran to a point where he will be capable of undertaking vocational training will be different in each case depending on a number of factors. However, no veteran should be permitted to remain beyond the time when he has

made the best adjustment he is capable of making—in most cases not exceeding four months.

The following subjects which should form the basis for social adjustment training should be developed into definite and specific courses and each trainee should be given as much instruction in each case as is found necessary. The activity of each veteran after admittance should be scheduled so far as is feasible for every hour of the day and he should be required to attend regularly training in such mental adjustment as may be necessary to develop a proper attitude and a will to overcome his handicap; use of the braille watch; use of the Talking Book; perception of objects by sound; recognition of people; use of the cane; how to get about indoors and out of doors; assistance with personal problems, shaving, eating, posture, etc.; pencil writing; typewriting; braille reading; braille writing with slate and machine; aid in learning how to study; hand training, hand tools, machine tools; use of leisure time—games, checkers, cards, etc.; recreation, theatres, parties, dancing, etc. (not for vocational purposes), and such sports as may be feasible.

Recommendations

1. That social adjustment training shall begin as early as possible after determination has been made that the patient will be blind—each blind serviceman during his period of hospitalization shall be given such portions of a well-emphasized course of socal adjustment training adapted to his particular case. Accordingly, the social adjustment training as now practiced by the War Department will be continued and extended as may be necessary.

2. That when a blinded patient has reached maximum benefit from hospitalization, he shall continue the course of social adjustment training contemplated in Recommendation No. 1 as may be necessary to enable him to undertake with confidence a course of vocational rehabilitation training under the provisions of Public Law 16, 78th Congress and to pursue same to a successful conclusion—satisfactory employment.

3. That social adjustment training shall be completed before the veteran is discharged from the service and to that end the War and Navy Departments will retain in its service personnel blinded in World War II until their social adjustment training shall have been completed as contemplated under Recommendation No. 2 except in particular cases in which it is determined that social adjustment training is not feasible.

4. That the Veterans Administration shall initiate and complete as early as possible within the social adjustment training period the vocational advisement of each case to the end that as early as possible during his social adjustment training the blind person will know precisely his plans for the future, including not only his ultimate vocational objective but also the vocational training program by which the objective is to be attained.

5. That with a view to making practicable and facilitating the carrying out of recommendations numbers 1, 2, and 3, all blinded personnel of the Army and Navy shall be the responsibility of the Army Medical de-

partment, in facilities to be made available by the Army. In view of the fact that the Army is taking over this responsibility, this adjustment will be carried out under the direction of the Surgeon General of the Army and the necessary funds to put into effect this additional responsibility will be made available as the Secretary of War directs.

6. Details of the arrangements necessary to carry out these recommendations will be coordinated by the Medical Department of the Army with the Navy Department and the Veterans Administration.

(Signed) HENRY L. STIMSON,
Secretary of War.

(Signed) FRANK KNOX,
Secretary of the Navy.

(Signed) PAUL V. MCNUTT,
Chairman, War Manpower Commission.

(Signed) FRANK T. HINES,
Administrator of Veterans Affairs.

APPROVED:

FRANKLIN D. ROOSEVELT,
The President of the United States.

January 8, 1944

B. Valley Forge General Hospital

1. Blind Rehabilitation

12 January 1945

I. PURPOSE AND LENGTH OF STAY

The patient is at Valley Forge General Hospital for medical care to which rehabilitation is complementary and the length of his stay is determined by the amount of treatment which he requires. The rehabilitation service is geared to give aid and instruction either for a few weeks or for many months.

II. RECEPTION

A. The patient is met by medical officer and nurse in charge of ward who make a special effort to allay his fears.

B. Trained instructor is assigned.

III. PRIMARY

A. Instructor acquaints patient with immediate surroundings, guiding him at first to doctor's office, treatment room, nurse's office and washroom.

B. Instructor finds out to what extent patient is already able to do things himself, to what degree multiple handicaps impede him, and whether his adjustment has begun to take shape either correctly or incorrectly.

C. Instructor makes friends with him, aids him to learn the answers to whatever questions are on his mind and takes care of immediate practical matters such as securing required clothing if patient is ambulatory.

D. Instructor makes reports steadily on patient, telling what he knows of patient's morale and whatever progress is made. Instructor gives simple form of guidance such as encouraging patient in tendency to display sense of humor and encouraging interest in other matters beside his condition.

E. Instructor listens to whatever patient has to say, steering him, whenever possible, into pleasant channels of conversation.

F. Instructor begins to show patient he can still do things for himself, starting with operations performed largely by the touch such as shaving, opening cereal box at breakfast, or shelling a hard-boiled egg.

G. During primary stage patient meets blind member of staff, former lieutenant, by which meeting potentialities of visually handicapped are demonstrated and at which time patient's aims and ambitions are discussed, rights and privileges as a veteran are explained, and he is told in general what the rehabilitation program is and how it will benefit him.

H. During this time a particular effort is made to help patient with his correspondence and if he shows an inclination, the use of the fiber writing board for the blind is demonstrated and he is encouraged to use it.

IV. BASIC

A. Basic training begins whenever it has been determined by the medical officer that both from a physical and mental standpoint the patient is ready for formal training.

B. Patient is first interviewed by an administrative officer in charge of academic training who, after consulting members of the staff now acquainted with the patient, analyzes his needs and puts him on schedule.

C. Instruction is begun in elementary typewriting and braille grade 1, handicrafts, hobbies, music, and a reading hour is provided if desired in order that the patient may pursue whatever studies scientific or literary he may desire.

D. The patient is also interviewed by an officer in charge of travel, sports and reconditioning, and is put on a suitable schedule for such activities.

E. Particular stress is laid on course in travel, both inside and out.

1. The term "travel" is used for simplicity and refers to getting about on foot.

2. The course in travel consists of a course of twenty-two lessons inside the hospital and the same number in town, each lesson

given individually by a trained instructor according to uniform technique.

3. Emphasis is placed on development of full and intelligent use of remaining senses, natural well-appearing carriage, and a sensible employment of courage in traveling without sight.

4. A strict test is given at the end of the course of travel.

F. The patient retains his instructor for general purposes such as personal orientation requiring at this stage daily contact during which the instructor pays particular attention to habits of eating by touch which the patient develops, and every means is employed to preserve table manners in keeping with his personality.

G. A particular effort is made to encourage participation in social life by the patient at this stage; it is made easy to secure passes for the evenings and for weekends, and particular pains are taken in sifting offers of hospitality to provide entertainment which the patient will enjoy, the instructor accompanying him in going out whenever suitable or necessary.

V. ADVANCED

A. The patient receives an advanced type of rehabilitation services after he has learned travel both inside and outside of the hospital on his own, and when he has made noticeable progress toward adjustment to his handicap.

B. An effort is made to avoid hampering the independence he is developing by withdrawing somewhat the personal services of his individual instructor and allowing his relationship with the rehabilitation service to become somewhat more formal; he seeks out administrative officer himself when he requires an interview and he is taught in classes rather than by individual instruction whenever possible.

C. More complicated instruction is now given in all classes; grade 1½ braille is taught and in some cases grade 2. The patient progresses to intermediate and advanced typing and to more complicated forms of handwork.

D. Special stress is put on participation in all sports in season, those which have proved most successful have been bowling, rowing in a racing shell, swimming, and golf (by employing a caddy guide) and horseback riding.

VI. TRANSFER

When medical service is no longer necessary, the patient is transferred to Avon Old Farms the rehabilitation service of which is geared to dovetail with that of Valley Forge General Hospital taking up the patient at whatever stage he has reached in his reconditioning.

2. *Suggestions for Guiding Patients Without Sight*

a. Ask the patient to take your arm. Never take his and propel him the elbow.

b. Ordinarily walk in line with the patient, but in going up or down steps or into dangerous places, keep one pace ahead of him, by which method after some practice with you, he will be able to know he has reached steps by movement of your arm.

c. Always tell the patient you have not guided before when you come to steps.

d. Going into narrow or dangerous places, always go ahead; never seize the patient by the upper arms from behind and shove him around.

e. Coming to a small irregularity in the terrain over which he might stumble, tell him about it.

f. Be careful at all times not to let his opposite side bump into doorframes and obstructions. This will require extreme watchfulness.

g. If it is necessary for the patient to make some slight movement to the left or right, to get out of the way or maneuver into position, direct him in doing it orally. Once again, don't shove him.

h. The good guide is inconspicuous. He doesn't take over and run things on a trip to the bank or drugstore.

i. When someone speaks to a blind person through his guide, the guide directs the conversation of the clerk to the patient by whatever means seems best. A nod in the patient's direction will usually be sufficient.

j. At all times picture carefully what move the patient is about to make in order that exact directions may be given. Be helpful by looking ahead and anticipating. Especially avoid mixing right and left.

k. Give an honest play-by-play account of what you are seeing, as desired or necessary.

l. When you guide a patient into a place of public assembly, be sure he understands his location, especially if you leave him for a few moments. It is better under such circumstances to establish some point of contact, such as a counter, table, chair, or wall.

m. In a public place, where there is confusion, a patient needs more help than in familiar surroundings. Many of the little things he does for himself with ease in his own environment will be difficult in a different environment. Give him the help he needs in a case like this.

n. The expressions "over here," "over there," and "right there" should be used sparingly. Use instead "Let me show you" to fill up the time lag till you establish contact between the patient and a guiding object.

o. At times the most practical method of maneuvering a patient into position is to drop his arm, move to the spot where you want him to go and say, "Come toward me," letting your voice guide him.

p. Whenever giving directions, speak no more loudly than necessary, speak distinctly, and direct your words to the patient alone.

q. In a narrow passage, such as those leading to dining and pullman cars, on trains, it is sometimes not practical for the patient walking behind you to hold your arm. He may then put his hands on your shoulder, or in the middle of your back, touching it lightly.

r. In guiding a patient to a chair, one method is to bring him to a point

at which he faces it, with his knees touching the front edge of the seat, and let him know there is a chair there. It will then be a simple matter for him to turn around and sit down.

s. In entering an automobile, a patient can engineer his own action if one hand is placed on the door handle and the other on the top. The situation is then familiar enough to suggest the whole picture to him. If he becomes confused, further information can be given. Not more than one person should take over in a case like this. If the patient has a cane with him, before entering the car, it should be placed inside along the floor or on the seat. It only impedes his progress as he gets in.

3. Commentaries

In Surgery in World War II—Ophthalmology and Otolaryngology, page 168, Hoover further illuminated this particular phase of hospital rehabilitation by describing the orientors in the Valley Forge program as follows:

> All kinds of men make good orientors. Good instructors of the blind derive a large part of their strength from knowledge and from traits not at all peculiar to persons who work with the blind. One excellent orientor was a truck driver in civilian life. Another was a life insurance salesman, another a musician, another a golf professional, and another a farmer. There is plenty of room in this field for a man with no particular specialty to be carried over into the field if he is used to managing things and getting things done.
>
> A good orientor must be the kind of man who can be allowed to use his own initiative to a great degree and who has sense enough not to abuse the privilege. Some orientors at Valley Forge have been successful by always being serious with the patients, others by never being serious. Each man must develop his own methods.
>
> The most successful orientors seem to get the best results by avoiding an air of proprietorship with the patient, staying in the background as far as possible, letting the patient teach himelf whenever that is possible. The orientor's job is to find out what the patient wants that is constructive and then help him to get it. He must bear in mind that despite all the newspaper stories to the contrary, there is never a time when a blind man does not need somebody to be his eyes for him in certain activities. The orientor must therefore keep watch on a patient who has grown independent and make sure that he does not suffer lack of necessary aid through pride.
>
> The orientor must be careful not to add to his responsibilities by worrying over his patient. He should think for him and work for him when he is on duty and relax when he is not. Nearly every orientor some time or other reaches the point where he thinks he is the only person helping the blind. He should then have a 3-day pass.

In the Journal of the American Medical Association, volume 158, pages 811–818, July 9, 1955, Therapy for the Newly Blinded as Practiced With Veterans, Williams and Flank summarize rehabilitation concepts, as applied in the VA Hospital, Hines, Ill., as follows:

> Out of the necssities arising from war blindness, there has evolved a special therapeutic process for blinded patients apart from ophthalmological care, which was at first under the aegis of ophthalmology but more recently under physical medicine and rehabilitation. This process has culminated in new processes of treating blinded patients in the following respects. 1. The patient's hospitalization is prolonged, during which time he receives conditioning for discharge. 2. The patient's conditioning is accomplished through an environmental therapy, the environment depending heavily on activity and the personal

influence of seeing technicians presided over by a blind technician. This group presents, on the primary level, every available means of efficient functioning without sight. This presentation of physical aids is related to a philosophical discipline that transfers itself to the patients under favorable conditions through the medium of cooperative action, backed up by a sparing use of language and psychotherapeutic techniques. The discipline is rather rigid in the area of the physical realities of blindness, which are brought home graphically to the patient. With regard to the interpretation of these difficulties and the realization of personal objectives, wide latitudes of individual differences are recognized. 3. An estimate is made of the patient's chances of success with the therapy before admission to treatment, and precautions are taken against confronting individuals with situations beyond their capacity. 4. This entire therapy process is not vocational training but a means of transition, both emotionally and physically. During this process the patient tries to prepare himself for a fresh launching in society under the altered circumstances presented by his blindness.

C. Old Farms Convalescent Hospital

Social Adjustment Program

Introduction

14 June 1945

The heart of the program at Old Farms is the trainee himself—what he is, what he does at the school, what he hopes to do when he leaves. The job of the staff is to know the man, direct his social adjustment training in the light of this knowledge, and to work with him in shaping his hopes for the future.

I. THE MISSION

To prepare the trainees for homegoing, equipped with a sensible plan for employment or continued training, a knowledge of his own interests and abilities, and a readiness to fit with self-reliance into his community, be useful, and enjoy life.

II. THE METHODS

In general, the method is social adjustment through general activity, tryout, orientation, and guidance, rather than training through prolonged instruction in special skills.

Specifically, the methods are:

A. By friendliness, and stimulation of the trainee's interests, to secure his cooperation.

B. By creation of a modified military, or semicivilian, environment, while the trainee is still in the Army, to duplicate for him the type of problems and situations he will find upon discharge; and thus to anticipate social difficulties and demonstrate approaches to their solutions.

C. By individual and group instruction to train him in basic skills, such as typewriting and braille, teach him the art of getting around alone and with people, and provide experience in a range of prevocational training classes.

D. By tryout of a variety of activities both at the school and in

nearby communities, to confirm former interests and seek out new ones, and put aptitudes to the test of actual performance.

E. By continuous interviews and, with the aid of psychological measures, to appraise the personality of the trainee as a whole.

F. By counseling to develop self-guidance and lead the trainees to the formulation of immediate and long range plans for his civilian career.

III. THE STANDARDS OF SOCIAL ADJUSTMENT

A. General Standards

It is considered a trainee has achieved the standards of social adjustment at Old Farms Convalescent Hospital (Special) when he has demonstrated that, while at Old Farms he has:

1. Satisfactorily fitted into the community life and appears capable of assuming his normal social obligations.

2. Developed a reasonable insight into his limitations and capacities and has achieved a satisfactory emotional adjustment toward his handicaps.

3. Apparent ability, based on his adjustment here, to reassume his civilian obligations.

B. Specific Standards

1. Satisfactory completion of a specified number of courses. Specific levels of achievement for each course have been established or are in process of being established.

2. Attainment of sufficient spatial and personal orientation to be relatively independent. This is appraised by special tests.

3. Participation in social activities and demonstration of the ability to work and get along with others and in organized group activities. Reports are available on trainees' participation in social activities.

4. Development of a responsible attitude toward the future with some formulation of organized plan or goal which is within the individual's capacities.

5. Attainment of social consciousness and responsibility as expressed by willingness to cooperate, to conform, and to assume responsibility.

6. Proof of satisfactory control over unwholesome attitudes and habits such as alcoholism.

IV. LENGTH OF SOCIAL ADJUSTMENT TRAINING

From Summary and Recommendations of the President's Committee, 8 January 1944: "The length of time which may be required to adjust the blind veteran to a point where he will be capable of undertaking vocational training will be different in each case, depending on a number of factors. However, no veteran should be permitted to remain beyond the time when he has made

the best adjustment he is capable of making—in most cases not exceeding four months."

The length of the standard course is 17½ weeks, including 1½ weeks of preliminary orientation to school life. There is an accelerated course of 13 weeks for the trainee of superior talents and advanced social adjustment, and an extended course of 22 weeks for the trainee who has acceptable reasons for additional training.

V. PHASES OF THE PROGRAM

To carry out its objectives of social adjustment the school conducts its program under the following divisions:

A. Orientation

A complete course including orientation to the grounds, personal orientation, traveling with cane in residential district and in dense traffic, and training in "obstacle perception." Inculcation of principles of orientation that will enable him to travel in an efficient and confident manner in his own community. One of the most important phases of work at Old Farms.

B. Physical Reconditioning

Complete course introducing trainees to such sports as swimming, horseback riding, rowing, fishing, bicycling, hiking, gymnastics, etc., to keep trainee fit and show him what sports he can pursue at home.

C. Testing Clinic

Verbal tests in learning ability, interests, and personality and manipulative tests in manual and mechanical aptitudes, to supply data for counseling and profiling. Special tests are also administered in braille, typing, and personal orientation.

D. Guidance Counseling and Profiling

An extensive course in general guidance is required of all trainees. Psychological consultation is provided by the staff psychologists. Interviews give psychological insight into trainees' personality and furnish continuous guidance. A preliminary statement, after 21 days, is prepared to determine direction of social adjustment training.

E. Basic Skills

Training in typewriting, braille, braille devices, handwriting, talking books, memory, and study methods, and use of readers.

F. Academic and Professional Field

Introduction to methods employed by blind for study of English, mathematics, history, and other courses anticipating return to school. Courses are also offered in physical therapy, insurance, and salesmanship.

G. Music

Instruction in voice and instrumental music, theory of harmony and music appreciation, with avocational emphasis.

H. Manual and Mechanical Skills

Group of courses designed to give adequate training for entry into factory work upon CDD certificate of disability discharge or to lay basis for continuation of training in mechanical occupations. The courses include Hobby Shop, preliminary and advanced (introduction to manual work), General Shop (woodworking), Industrial Skills (hand assembly and power machines), Garage Service, and Print Shop. Courses lead to jobs in which the blind are known to succeed.

I. Business

Courses in retail business (based on stand operation) and business skills (business methods, business arithmetic, business English, and office management) to prepare trainees to undertake operation of a concession stand or small business upon CDD or to provide a base for further business training. Includes actual operation of stand, selling, and office experience. Courses lead to jobs in which the blind are known to succeed. A course on Small Businesses introduces the trainee to the hazards and opportunities in this field.

J. Agriculture

Courses in poultry, animal husbandry, pet stock, general farming, and greenhouse to familiarize trainee with techniques of farming without sight or with low vision. Includes actual experience on, and orientation to, farms in vicinity of school. Courses serve as base for further agricultural training.

K. Temporary Placement

Actual job experience for 4 weeks, or more, if indicated, in industry or other selected occupation to furnish proof to trainee of his ability to succeed in competitive employment and to orient him to working with people in factory under realistic conditions.

L. Recreation

Directed recreation by Red Cross to provide experience in play and social contacts. Includes dancing, social events, games.

M. Medical

A very close liaison is maintained with the Post Surgeon. Vocational and social interpretations and appraisal of physical handicaps are made with his cooperation. Psychiatric consultation, if considered necessary after presentation of facts of unusual or abnormal behavior to post surgeon, is obtained by him.

VI. SCHEDULE OF COURSES

The standard course is 17½ weeks. One and one-half weeks of this period are devoted to orientation to grounds and to the curriculum. The remaining time of 16 weeks is divided in four 4-week periods. Courses are of 4 weeks' duration; a few are 8 weeks. An accelerated course of 13 weeks is granted the trainee of exceptional ability. In some cases a trainee is granted an extended course of 4 weeks for justified additional social adjustment training.

Social adjustment courses begin at 9:00 a. m., following a general assembly at 8:30 a. m. The classes last 45 minutes, with 15 minutes allowed for changing classes. There are three classes in the morning and three in the afternoon. Wednesday and Saturday are half days for instruction.

Orientation, physical reconditioning, and testing are required. Other courses are elective, but a full schedule must be followed. The fields of activities and courses, from which selection may be made, are listed below:

BASIC SKILLS
- Braille
- Cooking
- Handwriting
- Memory—How To Study
- Typewriting
- Typewriting—Advanced work at Hartford High School

PROFESSIONAL-ACADEMIC
- Bookkeeping
- Creative Writing
- Current Events
- Directed Study (includes how to study)
- English, Business
- English Composition
- English Literature
- Insurance
- Journalism
- Letterwriting
- Mathematics
- Business Arithmetic
- Mental Arithmetic
- Newspaper
- Psychology
- Physical Therapy
- Public Speaking
- Speech Correction
- Reading for Pleasure
- Reading for Study
- Spelling
- Vocabulary
- Languages—(Russian, Spanish)

AGRICULTURE
- Commercial Poultry
- Farm Placement
- Gardening
- Greenhouse
- Hobby Poultry
- Livestock Farming
- Pet Stock

BUSINESS
- Business Methods
- Retail Business
- Retail Business—Extended
- Salesmanship
- Small Business

INDUSTRIAL AND CRAFTS
- Bookbinding
- Garage Service
- Hobby Shop I

INDUSTRIAL AND CRAFTS —Continued
- Hobby Shop I—Advanced
- Hobby Shop II
- Hobby Shop II—Advanced
- Industrial Skills, Hand
- Industrial Skills, Power
- Machine Shop
- Machine Shop—Advanced work at Hartford High School
- Piano Tuning
- Printing
- Radio Repair
- Sculpturing and Craftwork
- Service Station
- Woodworking
- Upholstering, Household Appliances

SPORTS
- Special Sports
- Standard Sports
- Bowling
- Fishing
- Golfing
- Horseback Riding
- Ice Skating
- Skiing
- Snowshoeing
- Swimming
- Tobogganing

FIELD APPRENTICESHIP
- Farm—Poultry, Animal Husbandry
- Industrial
- Insurance
- Retail Business
- Trucking
- Oil
- Gift Shop
- Garage
- Tailor Shop
- Schoolteaching
- Repair Shop

MUSIC
- Instrumental Music
  - Accordion
  - Cello
  - Clarinet
  - Drums
  - Guitar
  - Piano
  - Saxophone
  - Trombone

Instrumental Music—continued
- Trumpet
- Ukelele
- Violin

Listening to Records

Music—Advanced at Hartt School of Music, Hartford

Music Appreciation

Voice

ORIENTATION
- Orientation, Basic
- Orientation, Advanced

TESTING CLINIC
- Manipulative Testing
- Verbal Testing

GUIDANCE
- Wednesday Meeting
- Intake Guidance

VII. THE TRAINERS

Although the trainees represent a host of individual differences, all share the following group characteristics which give a certain uniform quality to their social adjustment.

A. All are young men.

B. All are soldiers, sharing numerous common experiences.

C. All were physically fit and active at onset of blindness.

D. All are newly blinded.

It should be kept in mind that the approach to trainees at Old Farms must be on an individual basis. At the time this statement is being prepared, we have a mental range from feeblemindedness to a Ph. D. who has a job waiting for him as instructor in a college; in age, trainees range from 19 years to 38 years; in degree of physical handicap they range all the way from restricted fields with ability to read typewriting and no other handicap to a totally blind trainee who has but one thumb left, and who is, in addition, hard of hearing; in educational background they range all the way from a fourth grade pupil to 3 years of postgraduate college training; in rank all the way from private to lieutenant colonel; in home residence from a man whose home is in Honolulu to a man who had lived many years only a few miles from the school; from men who have been blinded through their own carelessness to a man who has been wounded in an action for which he received the DSC. This list could be extended almost indefinitely. The effect of this range on the program and the necessity for flexibility should be obvious.

VIII. COOPERATION WITH VETERANS ADMINISTRATION

Old Farms cooperates with the Veterans Administration according to the agreement between the Veterans Administration and the Surgeon General's office, dated 6 March 1945. This agreement provides that the trainee will receive the benefit of guidance from the Veterans Administration before his CDD. The agreement also provides, by establishing numerous procedures, that the trainee will enter, after discharge, upon a productive civilian life with the least possible delay or confusion.

This agreement covers the following provision from paragraph 4 of the Summary and Recommendations of the President's Committee, 8 January 1944:

That the Veterans Administration shall initiate and complete as early as possible within the social adjustment training period the vocational advisement of each case to the end that as early as possible during this social adjustment training the blind person will know precisely his plans for the future, including not only his ultimate vocational objective but also the vocational training program by which the objective is to be attained.

APPENDIX X

INTERVIEW SUMMARY EVALUATION DETAILED STATISTICS

To derive information concerning the emotional tensions and equipoise of each blinded veteran, social workers evaluated 25 separate items. These were the following:

Item 1. Questions 72 and 75. Question 72 was based on whether or not the veteran stated that he was satisfied with his job if he was employed. Question 75 was concerned with the manner in which the veteran employed his spare time if he was not employed. In this item job satisfaction constituted positives for employed veterans satisfied with their job, and a positive or negative evaluation was given to the manner in which unemployed veterans were using their time.

Positive	1,270	65.2%
Negative	679	34.8%

Item 2, Question 85. Did the veteran have difficulty arranging or finding time for interview? Did he try to avoid interview? A positive evaluation was given if the veteran had no difficulty finding time for the interview.

Positive	1,749	89.7%
Negative	200	10.3%

Item 3, Question 86. Did the veteran show any signs of thinking he had received too much attention from the Veterans Administration and should be let alone? In this item, No was considered positive.

Positive	1,830	93.9%
Negative	119	6.1%

Item 4, Question 87. Does the veteran show signs of anxiety or concern over the effect he believes his blindness has on others in his family? No was considered positive.

Positive	1,713	87.9%
Negative	236	12.1%

Item 5, Question 88. Does the veteran appear to feel that he is able to cope with community and public attitudes toward blindness in a satisfactory manner? Yes was considered positive.

Positive	1,713	87.9%
Negative	236	12.1%

Item 6, Question 89. Does the veteran think well of the community in which he lives? Yes was considered positive.

Positive	1,792	91.9%
Negative	157	8.1%

Item 7, Question 90. Does the veteran's rapport with his family seem satisfactory? Yes was considered positive.

Positive	1,754	90.0%
Negative	195	10.0%

Item 8, Question 91. Is the veteran groomed and dressed in keeping with his personality and the milieu in which he finds himself? Yes was considered positive.

Positive	1,918	98.4%
Negative	31	1.6%

Item 9, Question 92. Does the veteran's posture indicate a psychological slump? No was considered positive.

Positive	1,801	92.4%
Negative	148	7.6%

Item 10, Question 93. Does the veteran reveal any of the following so-called blindisms—grimacing, vacant stare, or failure to look at the person to whom he is talking? "None of these" was considered positive.

Positive	1,638	84.0%
Negative	311	16.0%

Item 11, Question 94. Allowing for disfigurement due to accident, does the facial expression of the veteran appear composed without sign of anxiety or depression? Yes was considered positive.

Positive	1,435	73.6%
Negative	514	26.4%

Item 12, Question 95. Do the veteran's thinking processes appear well ordered? Yes was considered positive.

Positive	1,830	93.9%
Negative	119	6.1%

Item 13, Question 96. Is the veteran able to express himself adequately in language? Yes was considered positive.

Positive	1,881	96.5%
Negative	68	3.5%

Item 14, Question 97. Does the veteran complain that people in general are inadequate at explaining things to him? No was considered positive.

Positive	1,821	93.4%
Negative	128	6.6%

Item 15, Question 98. Does the veteran complain that people tend to disregard him? No was considered positive.

Positive	1,812	93.0%
Negative	137	7.0%

Item 16, Question 99. Does the veteran's judgment concerning himself and his general situation seem realistic? Yes was considered positive.

Positive	1,641	84.2%
Negative	308	15.8%

Item 17, Question 100. Does the veteran appear well informed at his intellectual level? Yes was considered positive.

Positive	1,853	95.1%
Negative	96	4.9%

Item 18, Question 101. If the veteran has plans for the future, do they seem realistic? Yes was considered positive.

Positive	1,354	69.5%
Negative	595	30.5%

Item 19, Question 102. Does the veteran appear nervous or depressed? No was considered positive.

Positive	1,432	73.5%
Negative	517	26.5%

Item 20, Question 103. Does the veteran appear to have any tendency toward morbid introspection and self-absorption? No was considered positive.

Positive	1,679	86.1%
Negative	270	13.9%

Item 21, Question 104. Is there any indication that the veteran has adopted a mask of cheerfulness to cover his real feelings? No was considered positive.

Positive	1,665	85.4%
Negative	284	14.6%

Item 22, Question 105. Does the veteran seem polite and tractable to a degree which seemed to indicate a passive acceptance of what the people around him want? No was considered positive.

Positive	1,516	77.8%
Negative	433	22.2%

Item 23, Question 106. Does the veteran seem overobservant of the faults of others? No was considered positive.

Positive	1,798	92.3%
Negative	151	7.7%

Item 24, Question 107. Did the veteran appear anxious to give a good account of himself? Yes was considered positive.

Positive	672	34.5%
Negative	1,277	65.5%

Item 25, Question 115. Does the veteran accept life, in a positive way, although blindness is one of the conditions with which he must deal?

Positive	1,608	82.5%
Negative	341	17.5%

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APPENDIX XI

OFFICE OF
THE ADMINISTRATOR OF
VETERANS AFFAIRS

VETERANS ADMINISTRATION
WASHINGTON 25, D. C.

May 20, 1954

TO: Manager, All VA Regional Offices and Area Medical Directors

ATTN: Chief Medical Officer and Chief, Vocational Rehabilitation and Education Division

SUBJ: Study of Blinded Veterans with Service-connected Disabilities Incurred Since the Beginning of World War II, December 7, 1941

1. There is enclosed a report of the basic statistics compiled from the data furnished by field stations in the study of blinded veterans with service-connected disabilities incurred since the beginning of World War II, December 7, 1941. Subsidiary reports in this large research project will be forwarded to you as soon as they become available. The expert work done by field stations in accomplishing the original interviews has provided source material of a high caliber. Central Office has studied each case individually and is currently making an extensive analysis of the data in the various categories.

2. From this study it is apparent that although a large number of blinded veterans are currently able to function independently, a sizeable proportion are recurrently overwhelmed by their condition. The stresses they encounter continue to make them apathetic, hostile, or in some other way destructive of their own best interest. In addition to blindness, many have other physical disabilities entailing discomfort and pain.

3. It is essential that this latter group be sustained through the benefits and services which the Veterans Administration has the authority to provide. Regional Offices have the obligation to use their resources and skill to the utmost to relieve the problems which confront these blinded veterans. It is the responsibility of both field stations and Central Office to evolve policies which will ensure the most effective service to them.

4. Although it is realized that attention has already been given to many of the problems revealed in the survey, both the Department of Medicine and Surgery and the Department of Veterans Benefits have remaining, recurring, and in some cases, inter-related responsibilities toward blinded veterans. Specifically, action or joint action in the form of medical, surgical, physical medicine and rehabilitation, social work, prosthetic, and vocational rehabilitation and education services is involved.

5. Attached are two lists of blinded veterans in your regional area who, in the opinion of Central Office Department of Medicine and Surgery, at the time of the survey (a) needed further assistance by the Department of Medicine and Surgery only; and (b) needed both Department of Medicine and Surgery and Vocational Rehabilitation and Education assistance. Those reports which indicated that only Vocational Rehabilitation and Education action was needed have been reviewed by the Assistant Deputy Administrator for Vocational Rehabilitation and Education. Those veterans who, in his opinion, require further attention will be the subject of separate communication to each regional office.

6. With regard to the veterans under section (a), it is expected that the Chief Medical Officer and his staff will take (or will have taken) the necessary action. With regard to the veterans under section (b), it is desired that the Vocational Rehabilitation Board study each of them from the standpoint of progress made since the interviews were originally held, determine a coordinated future course of action, and maintain a follow-up of the results. Both Medicine and Social Service are, of course, represented at such Board Meetings. It is of very great importance that the same social workers who had the original interviews with the veterans be present to contribute to the Board deliberations and planning. It is requested that there be forwarded to Central Office as of October 1, 1954, a summary of the VA progress in each of the (a) and (b) cases.

7. Your comments or questions on both the basic and subsidiary statistics will be of great assistance in the preparation of the permanent record of this Survey.

original

H. V. HIGLEY
Administrator

Atts: 3
Basic Statistics
Two lists of blinded vets.

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